

ORAL

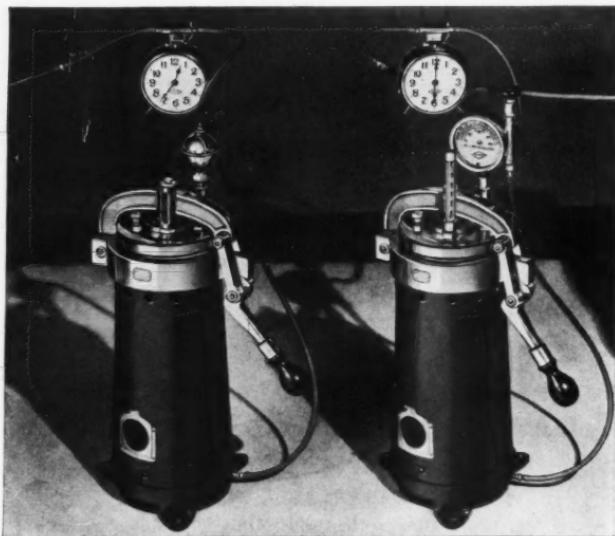
HYGIENE

THOUSANDS
OF PRACTICING
DENTISTS
READ THIS MAGAZINE

DECEMBER, 1936

Largest audited circulation to
American Practicing Dentists
Member Controlled Circulation Audit, Inc.

Safe, Convenient, Economical



5-Inch Cam-Lock Vulcanizer

There are no separate parts to put down and pick up when opening and closing the 5-inch Cam-Lock Vulcanizer and no wrenches are required. All cover parts, lid, cross-bar, cam-lock and handle are connected and are attached to the ring on the jacket. The packing is always seated in exactly the same position on the ring when the vulcanizer is closed. Three extra large or five smaller flasks may be vulcanized at one time.

For Denture Resins

Clev-Dent Gas Regulator No. 3 provides accurate temperature control at the comparatively low temperature required for denture resins. A thermometer which registers inside temperature and a time attachment are part of the equipment shown above at the right.

Price \$83.50

For Rubber Dentures

When the vulcanizer is to be used for rubber only, the Globe Gas Regulator, mercury bath thermometer and time attachment are standard equipment. The 5-inch Cam-Lock Vulcanizer with these accessories is shown in the above illustration at the left.

Price \$75.00

THE CLEVELAND DENTAL MFG. CO.
CLEVELAND **OHIO, U.S.A.**



The Doctor Knows
WHY

FOLKS have been telling us that the new Oral Hygiene looks swell. Naturally, that nudges our vanity in a highly pleasing manner. But we are not forgetting that handsome is as handsome does—that writers, not printers, really make magazines—

that a paper's editorial content must *first* of all be so interesting that readers would like it even if it were mimeographed on newsprint.

(How many pretty books have you read *just* because they were printed pretty?)

The new Oral Hygiene is good looking and we like it a lot ourselves and so does the trade—judging from the letters that have rained in.

But magazine appearance—page size, format or what-have-you—is secondary to content, secondary to the spirit of the book, secondary to its personality.

Readers wouldn't click to an Oral Hygiene, however beautiful, whose pretty pages didn't tell them the things they wanted to know. They want to read readin'—not admire printing. So, however prideful we are about the new Oral Hygiene, we're not forgetting to put into it the same sort of editorial material which has made O. H. the most popular journal reaching the dental profession. Advertisers' result records have reflected that popularity for long years.

And, mind you, Oral Hygiene's popularity, its acceptance by dentists, its cover-to-cover readership, were built long before the book was prettied up. A fine letter from Doctor Fred E. Gulick has made us think about that.

Doctor Gulick is president of the Iteco Laboratories, of Portland, Oregon—a consistently successful dental manufacturing firm which has been using O. H. for years, with Gerber & Crossley doing the copy.

The doctor wrote about the new *Oral Hygiene*. He likes it a lot. But Doctor Gulick has the dentist's point of view, too—the reader's point of view. So he put something else in his letter. He wrote: "I wish also to compliment you on your editorials, and the constructive material that you have been carrying in *Oral Hygiene* for many years."

He knows the true background of magazine advertising results. He knows why *Oral Hygiene* pulls the way it does because he knows *why* it is so popular with dentists. While naturally he approved the face-lifting given the book, he knows that magazine format changes are not by any means of first importance.

Because he was also able to write in this same letter, about the results he'd been getting from the *old* *Oral Hygiene*:

*"I also wish to tell you at this time that our ads in *Oral Hygiene* have been pulling far better than those in any other magazine we are now advertising in."*

THEY SAY

In October and November, this insert carried quotes from letters about the new Oral Hygiene. Here are some more—this time from O. H. syndicate members:

•

"I must admit the September Oral Hygiene has a mighty nice appearance and I think it is quite an improvement and want to congratulate you on the new job."—A. J. HARRIS, Harris Dental.

•

"Generally speaking, it is a cracking good job and you are to be congratulated."—C. E. PYLE, D.D.S., Osmun-Cook.

•

"... every time I call on the trade and take up the matter of discontinuing Oral Hygiene . . . I have been asked to continue to send it, making a charge, if necessary. With this new improvement in the makeup of your magazine . . . it seems that I will have to continue sending it to our customers until I pass on. This is a compliment and not a promise, as I expect to live about 25 or 30 years yet."—W. O. MUSSEY, Pres., Dental Specialty Co.

•

"Oral Hygiene, in our opinion, always was in a class by itself, but in its new dress . . . it is so much more easily readable that I am of the opinion that the new set-up will meet the approval of the profession and the advertisers"—SAM MYERS, Climax Dental.



NEW!

MASSO 2-ROW

HERE is every wanted feature in *one* brush: Small, efficient brushing head one inch in length. Two rows—and *only* two rows—of widely spaced groups of bristle. And best of all, the bristle is both unbleached and Round-End.

Every dentist and periodontist who has seen it says that it is the finest tooth cleaning instrument ever presented to the profession and the public.

The retail price is 35c, which makes it such a generous value that all your patients will cheer its prescription.

ACTUAL
SIZE

Pro-phy-lac-tic Brush Co.,

Florence, Mass.

The Publisher's **CORNER**



BY MASS

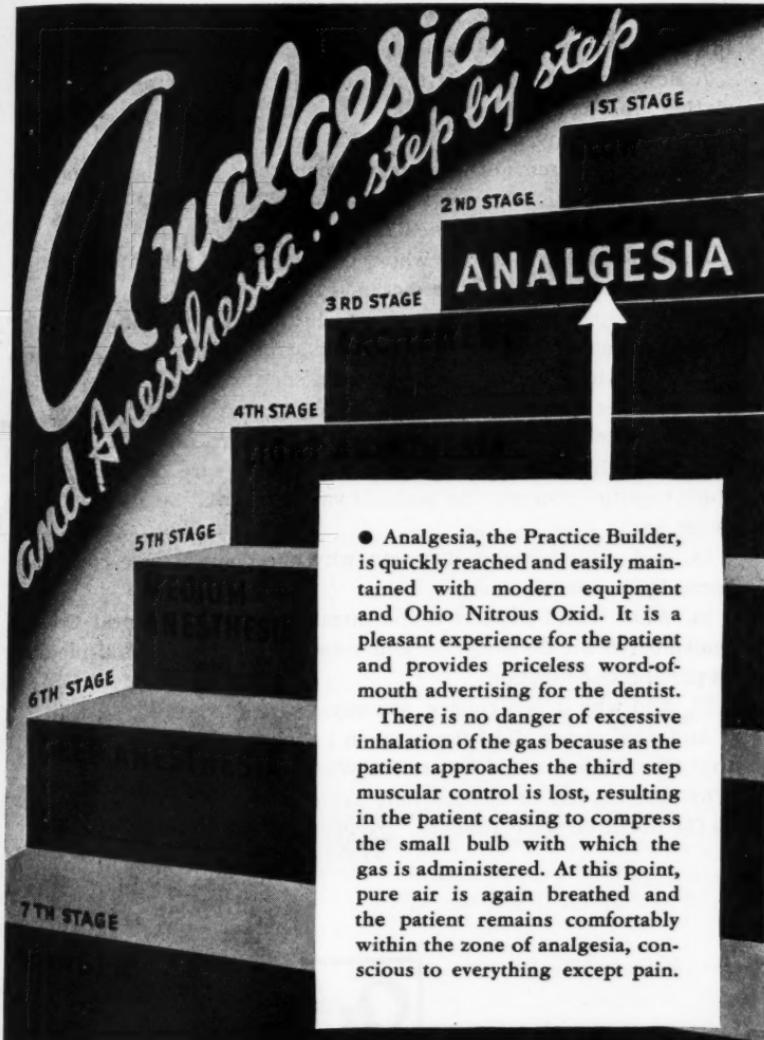
NUMBER 185

DEAR SANTA CLAUS

THIS IS written long before Thanksgiving, old boy, so as to be sure you do something about it—not like the time when this department—short-panted, youthful, trusting, bug-eyed—wrote you the letter about Christmas presents and mailed it in the living room stove, hopeful that the flames would waft it up the chimney, seeing that chimneys were supposed to be your special habitat.

This Christmas the feverish wish is not for toys, but for cerebral gadgetry; the wistful yearning is for learning, for gifts of special knowledge. Give me then some spots of wisdom; furnish me now with some facts wherewith to decorate my mind. For Christmas, Santa, please quench my thirst for erudition, please wise up your little friend—please tell me:

1. Why I remember clearly so many trivia of the old time, but cannot recall last Thursday.
2. What a "conditioned reflex" is, and what it has to do with the ordeal of writing things.
3. Why Ed Ryan spells "x-ray" by long-division, "roentgenogram."
4. Why both sides of a financial statement add up exactly the same. How come?
5. How I can learn to pronounce "annuity"—heard so often just before sending insurance men scurrying out of this cul-de-sac.
6. What the difference is between "indubitably" and "undoubt-



THE OHIO CHEMICAL & MANUFACTURING CO.

1177 Marquette Street

Cleveland, Ohio

Gentlemen:—

Send me, free of charge, articles on gas analgesia. I am now: I am considering: using Nitrous Oxid and Oxygen.

My dealer's name is _____ *

Name _____ Address _____

*We ask the privilege of placing sales through supply houses who regularly carry our gases. D D.12

edly." (And don't, please, send me to the dictionary; I've been there.)

7. How I can keep myself from mentally pronouncing the abbreviation "lb." as "lib."

8. Why so many drama critics give away the plot.

9. What big-time authors mean when they talk about *noblesse oblige*.

10. And *cherchez la femme*.

11. And whether the folks who tuck such cracks into their writing have to look them up in the dictionary first.

12. And, speaking of dictionaries: why I always go wandering off among strange words and never get back to the one I'm hunting for.

13. And why I burden my mind with such worries as: wondering how the Nez Perce Indians ever managed to name themselves in such a Frenchy manner to describe their pierced noses.

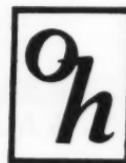
14. Why the museum people are so serenely sure that they have stuck together properly the bones of vanished great beasts they have never seen.

15. And, still thinking of beasts, why one doesn't have to have a horse to be *hors de combat*.

16. What would happen if the members of the Electoral College remembered the Constitution and voted as they damn well pleased, as per the Constitution.

17. And why it is a college, anyway.

And why, please, did I figure when I thought it up, late one night, that this CORNER would be grand? What ever made me think that? Why didn't it jell, or at least limp along, and not leave me stranded so far north on page 1560?



, 1936

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SHE MUST DO HER PART- AT HOME

**Home massage of the gums
with Forhan's has been a pro-
fessional recommendation
for many years . . .**

Cooperation from the patient after she leaves your office has an important bearing on establishing or maintaining oral health. Gum conditions in particular need treatment supplementary to your work at the chair.

For this reason regular massage of

the gums with Forhan's is routine instruction to patients among many dentists, and has been for many years. Benefits are two-fold:

FIRST—Forhan's cleans teeth safely, helping to keep them brilliant. It contains no harsh, harmful, or gritty ingredients. **SECOND**—massage with Forhan's gently tones and stimulates the gums, helping to keep them healthy. Professional samples of Forhan's sent on request.

FORHAN'S ASTRINGENT

This efficient preparation (the active principle of FORHAN'S TOOTH PASTE) has long been used by the profession in the treatment of gum conditions at the chair. Formula by R. J. Forhan, D.D.S. Samples on request. Forhan Co., Inc., Chrysler Bldg., New York City.



THE ORIGINAL TOOTH PASTE FOR MASSAGING
GUMS AND CLEANSING TEETH
FORMULA OF R. J. FORHAN, D. D. S.

Color outlives every test

Test a PHENOLGLAS denture for tissue color and translucency. You will be better than satisfied with the results. You, as well as your patients, will be more than satisfied, as it is practically impossible to detect PHENOLGLAS from natural gum tissue.

The great advantage of a PHENOLGLAS denture is its great resistance to body fluids—fats, oils, acids and alkalies, to alcohol, nicotine, tobacco—and its triple strength.

The Modern 20th Century Denture

A PHENOLGLAS No. 510 denture is neat . . . sanitary . . . light in weight, long in wear—a modern twentieth century denture.

PHENOLGLAS dentures are guaranteed against breakage for a period of two years by most laboratories throughout the world.

Recognized PHENOLGLAS laboratories are authorized by us to make over any broken PHENOLGLAS denture for the small sum of \$3.50.

We are perfectly safe in making this guarantee to the profession because PHENOLGLAS is triple strength.



est Constant as the tides . . .

PHENOLGLAS No. 510 denture material owes its being only to man's ingenuity. PHENOLGLAS is not, as the tides, a product of the immutable laws of the universe, but it is our special pride to maintain its qualities and purity and uniformity as fixed and predictable from day to day as the tides themselves. Throughout there is no greater assurance of dependability than a denture made of PHENOLGLAS.

A Few Advantages of **P H E N O L G L A S , N o . 5 1 0**

1: TISSUE COLOR—Its translucent pink is most beautiful and durable, and matches in appearance healthy gum tissue.

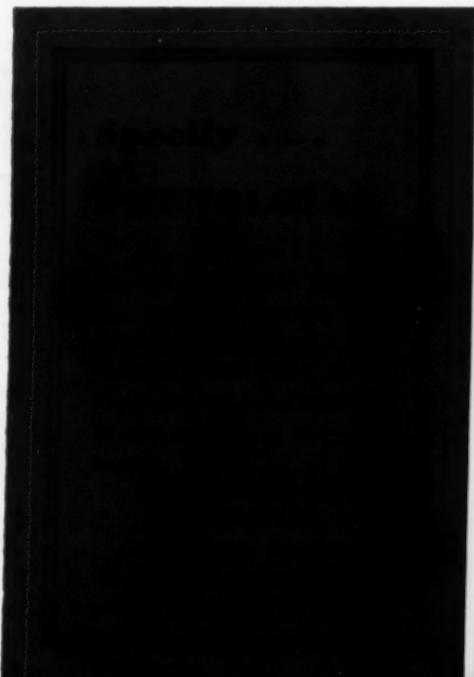
2: It is tough and strong.

3: PERMANENCY OF FORM—Due to the fact that Phenolglas is a Phenol Formaldehyde resin base, it retains its shape and lasts almost indefinitely.

4: NON-ABSORPTION—It will not absorb body fluids, and ordinary liquids. Moisture cannot penetrate its beautiful surface. It is odorless and tasteless.

5: EXPANSION OR CONTRACTION—It does not change its shape, warp or shrink, due to its

glassy constituency throughout; neither does it separate nor check.





THE *S. S. White* EQUIPMENT UNIT 61-D

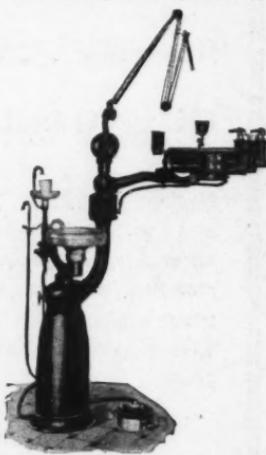
This is the only unit that places the electrical and compressed air accessories within easy reach when you are operating from the indirect position.

Many hours of your time are used in operating from directly behind the chair, and the S. S. White Unit 61-D is the only dental unit that has a consideration for you when operating from this position.

Its table brings all the accessories close to the field of operation. A turn of the wrist will give you the electrically heated warm-air syringe, the mouth lamp and mirror, the chip blower, the electrically heated plastic instruments, sprays,

or assistant call button. Think how many minutes Unit 61-D can save for you, especially if you work without an assistant. These minutes grow into hours, and hours mean money in a dental office. More important still, Unit 61-D makes your days less tiring, so that your evenings are more than mere rest periods.

A dealer who distributes S. S. White Equipment will gladly demonstrate the efficiency of S. S. White Units and the Diamond Chair, also tell you of our Free Office Planning Service, and easy-payment terms. Ask him or write direct.



THE S. S. WHITE DENTAL MFG. CO.
211 South 12th Street
Philadelphia, Pa.

No "cavities" to collect dirt in SEALEX FLOORS and WALLS



A perfectly smooth, sanitary surface with no hiding places for dirt and germs! This feature has had a lot to do with the immense popularity of Sealex Linoleum Floors and Sealex Wall-Covering among the medical profession.

And look at the other advantages! Both these Sealex materials are stain-proof and water-proof — remarkably easy to keep clean. And they're truly

permanent—never need painting, varnishing or scraping. The distinctive effects possible with Sealex also make it ideal for professional suites.

Inexpensively installed by authorized contractors, Sealex materials are backed by a guaranty bond covering the full value of workmanship and materials. Write for details!

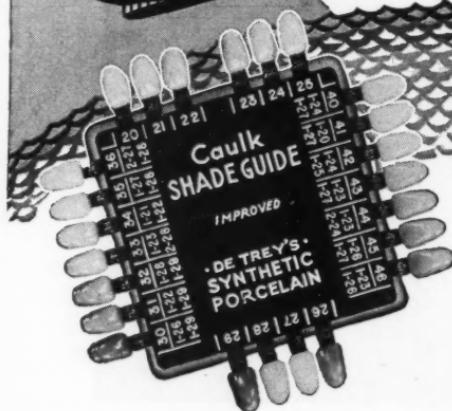
CONGOLEUM-NAIRN INC., Kearny, N. J.

SEALEX

TRADEMARK REGISTERED

Linoleum Floors and Wall-Covering

MODERN DENTISTRY, TOO, *Calls for* SCIENTIFIC ADVANCEMENT



The present marvelous airship didn't just happen. . . . Fifty have been built—each bit better than its predecessor. They are the result of an accumulation of scientific experience.

SIMILARLY, scientific advancement enables an Dentist to achieve the

utmost in esthetic dentistry. Three out of every four teeth are now matched direct without blending. Such is your opportunity with New Shades Synthetic Porcelain and the new unfailing Caulk Shade Guide. No longer is it necessary to blend two powders to make a perfect match of tooth color. The Synthetic Porcelain way is the scientific way.

Prove it with a "Starter Package" of Synthetic Porcelain: 4 Full Portion New Shades powders (any shade 1 Full portion liquid, and the New Caulk Shade Guide. A \$16.00 value for \$13.00. Save \$3.00.

New Shades
SYNTHETIC PORCELAIN

FREE
SA
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tance of
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In matters of oral hygiene your opinion is invaluable. That's why Beech-Nut Oralgene advertising stresses a few fundamental principles of mouth health and advises your patients to "Ask Your Dentist" about them.

ORALGENE was created to do 3 things:

1. To give teeth and gums exercise that modern foods cannot provide. All chewing gum helps but the firm texture of Oralgene is particularly valuable.
2. To help clean the teeth by removing food particles that even a toothbrush sometimes misses.
3. To help correct mouth acidity all the time one is chewing.

Many dentists believe that Oralgene is a valuable contributing factor in tooth care and recommend it accordingly.

*CHEW WITH A PURPOSE—
USE ORALGENE
A NEW BEECH-NUT PRODUCT*



EACH PIECE INDIVIDUALLY WRAPPED

FREE SAMPLES of Oralgene are available to dentists who wish to try it themselves or to have their patients try it. For your supply, and for further facts about the importance of chewing gum and of Oralgene to the teeth, write the Beech-Nut Packing Company, Canajoharie, N. Y.

EXPERIENCE

HAS NO SUBSTITUTE

STEELE'S TRUPONTICS

There is no substitute for actual experience, therefore, we suggest you use Trupontics on your next case.

Once you have used them, their advantages will be so obvious that you will never be satisfied with other types of bridge teeth, either from an esthetic or a mechanical standpoint.

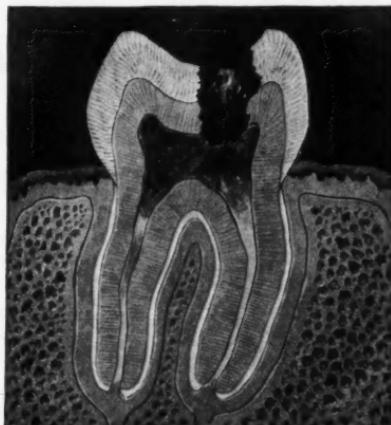
Let your own experience judge the merits of Trupontics.



**ONCE USED
ALWAYS PREFERRED**

THE COLUMBUS DENTAL MFG. CO. Columbus, Ohio, U.S.A.

Systemic Invasion from PULP INFECTION



Retarded by

SAL HEPATICA

Systemic disease from chronic infection in vital pulps, occurs quite frequently. When treating this and other foci of infection, systemic invasion should be taken into consideration.

Sal Hepatica helps avert accumulation of undesirable waste in the system by gently but thoroughly cleansing the intestinal tract. It builds resistance to disease by maintaining the alkaline level of tissue plasma, thus combating acidity. It makes a palatable, effervescent drink.

Sal Hepatica approximates the analysis of famous natural eliminant waters in components and ratio. It is similar in action.

Free professional sample sent upon request.

SAL HEPATICA

CLEANS

the

INTESTINAL TRACT

and

COMBATS ACIDITY

Sample on request

BRISTOL-MYERS CO.

19-L W. 50th ST.
NEW YORK, N. Y.

MALLOPHENE

in PSEUDO-MEMBRANOUS STOMATITIS

controls Epidemics



Brady⁽¹⁾ reports great increase in gingival pathology, especially "Trench Mouth", and shows effective method of prevention and control with Mallophene—pure beta-phenyl-azo-alpha-alpha-diaminopyridine hydrochloride.

Apparently healthy gums harbor spirochetes and fusiform organisms quiescent until some slight injury lowers tissue resistance. Mallophene is recommended for rendering negative such bacterial flora.

(1) Ewing P. Brady, D. D. S.; Clinic given before A. D. A., Chicago, Aug. 7-12, 1933.

LEFT: Case Diagnosed as Trench Mouth

RIGHT: Same case after five treatments with Mallophene

Mallophene is available as a Soluble Disc, 0.1 Gm. (1½ grs.) —a convenient form for the preparation of aqueous solutions of any desired strength up to and including 4%. Also as a powder which may be used in making up solutions, paste or ointment according to the instructions in the literature.



Mallinckrodt
CHEMICAL WORKS

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NEW YORK • TORONTO • MONTREAL

**PROTECTING THE POTENCY OF
YOUR PRESCRIPTIONS SINCE 1867**

MALLINCKRODT CHEMICAL WORKS, ST. LOUIS, MO.

CH-12

Please send latest clinical literature:

D. D. S.

St. and No. _____

State _____

City _____

SEE YOUR PATIENT



365 TIMES A YEAR

When the case calls for diet prescription—

We suggest adding Shredded Wheat to your list of staples. This 100% whole wheat cereal supplies calcium and phosphorus. The wheat bran content helps check constipation, a root source of dental caries. And Shredded Wheat has good crisp body, assuring your patient at

least one gingival massage daily.

But it is really flavor that lends authority to this list. Shredded Wheat is one item your patient won't get tired of, or discard for a less useful substitute.

You might check this by trying two biscuits yourself in the morning. Sliced ripe banana is the popular garnish right now.

MORE THAN A BILLION SHREDDED WHEAT BISCUITS SOLD EVERY YEAR



SHREDDED WHEAT



Ask for the package showing the picture of Niagara Falls and the red N.B.C. Seal

A Product of NATIONAL BISCUIT COMPANY
Bakers of Ritz, Uneeda Biscuit and other famous varieties!

Sound Advice 17 Years Ago —Just as Sound Today

"I believe the Roentgen ray an absolute necessity to a high-class dental practice. Thirty years ago we filled our root-canals as best we could, and none other could do any better — that is, any better than his best—but today if we do not check up these fillings by means of the ray, there are plenty of others who do so check them, and, therefore, are doing better than we. There is no mistake about that. The time is now here when it is fully recognized that the general practitioner of dentistry is not fully capable of rendering his patients THE VERY BEST SERVICES unless his equipment includes an x-ray machine."

Extract from paper read by Dr. Kells before the National Dental Association, New Orleans, October, 1919.



C. Edmund Kells, D. D. S.
1856 - 1927

A pioneer in dental radiology who contributed immeasurably to its advancement. In 1896, Dr. Kells gave the first dental x-ray clinic ever held, before the Southern Dental Association at Asheville, N. C. Author of "Three Score Years and Nine."



WITH Dr. Kells' idea for better dental service often reiterated in current literature, you, too, are probably planning to join the thousands of dentists who are enjoying the

advantages of an x-ray unit conveniently located in their own offices. And your plans need not be further delayed, now that the G-E Model CDX is offered at a new low price, and on convenient terms of payment.

Let us send you the CDX catalog, which tells you all about this unique, compact unit that suspends from the wall alongside the chair; the principle of complete oil-immersion which makes its operation shockproof and independent of all atmospheric conditions; about its flexibility, convenient application, simplicity of control and reliability; and, finally, its ability to produce that consistently fine quality of radiographs essential to the best results in x-ray diagnosis. Write for literature, Dept. H16 12.



GENERAL ELECTRIC X-RAY CORPORATION

2012 JACKSON BLVD.

CHICAGO, ILL., U. S. A.

DECEMBER
1936

ORAL HYGIENE

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What shall I tell MY SON?

by A PERPLEXED DENTIST

THIS TITLE MAY look startling in a dental magazine, so let me hasten to say that the confusion that disturbs me in my relationship with my son has nothing to do with the problems of adolescence, or of morals, or of behavior. It is simpler than these but still hard for me to figure out. To bring me to my subject, a little background may help. My parenthood is evident. Haven't I already mentioned my son? I am a dentist. If I were not, I wouldn't be pouring out my doubts in this magazine in the hope that some of you may help me out of my confusion. I'm middle aged, or I wouldn't have a son of twenty. I'm the average dentist, if there is such a thing. That is, I work hard within the confines of a modest office for all sorts of people. I make a good living, but see no opportunities of an expanding market. I have had my share of dental society work, including a term of office holding. I play golf on Wednesday afternoons badly. I belong to a service club but frankly get rather weary of the save-our-

community talk and the empty gestures of piety that are supposed to represent the Golden Rule in business dealings.

What shall I tell my son? Of course, you can't help me until I tell you more definitely what question bothers me. Well, here it is: What shall I tell my son *about dentistry as a vocation?* He is starting to ask questions. He has safely passed through the stages of "I want to be a fireman," "— aviator," "— explorer." Although he is only twenty he is, I fear, growing conservative. The white collar and the steam-heated office may appeal to him, or maybe the "Doctor" title. So far he has tried to find out just what dentists do. He hasn't asked "What do dentists make?" Meaning, of course, in terms of money. But youth is altruistic. Twenty years ago, when I was in my twenties, we were making "the world safe for democracy."

Some crisp evening this winter I suppose we will sit down, and I may proceed in pontifical tones to tell this open-eyed boy



"...none of us can erect prim little pedestals to stand above the heads of our fellows."

the glories of dentistry. I may drag in Morton and Wells, and Black, and Kirk, and Brophy to give color to my epic narrative. My talk may drip with the words *research, science, humanity*. I may, if I really get inspired, picture the conquest of disease with some of the color of that great medical propagandist, Paul de Kruif. (Incidentally, why hasn't de Kruif scratched the surface

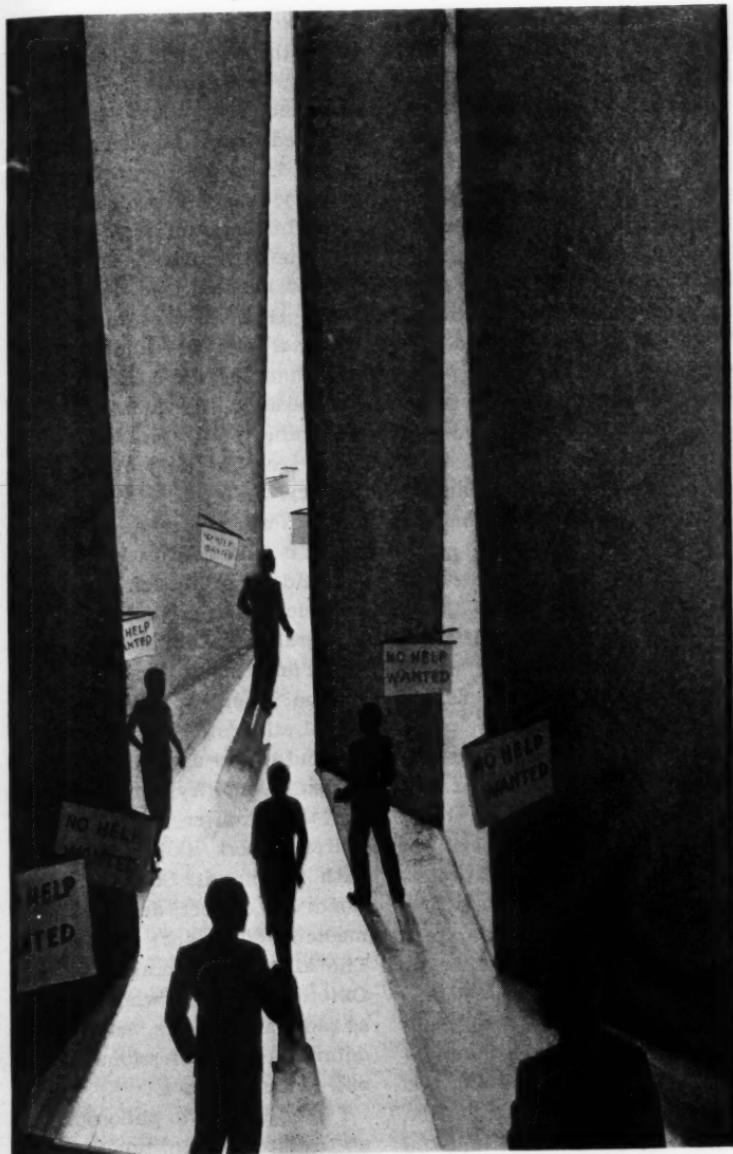
of the dental drama? One of us should write to him about that.) But I don't want to talk to my son in this vein, because although this dramatic picture is *true* it isn't *real*. Isn't that being squeamish about synonyms, you ask? No, I think not. I want to give this boy a picture of the daily realities of dental practice, not the emotional high spots. If he is to be the average den-

tist (like his father) he will not take part in research to any great extent. He will probably be a family dentist (if there are such in the future.) He will see his patients emerge from childhood into adult life. Little Ruth So and So will become Mrs. Such and Who; she will have children of her own, who will in turn be his patients. One day he will notice that Mrs. Such and Who, once little Ruth So and So, is getting grey, stout, and matronly—and is probably on the way toward dentures. Then he will realize that he is getting old himself and that his practice is, if he is fortunate, static. To be sure, this is no sad cycle. In fact, this continuity with human personalities gives the family dentist a satisfaction that neither the specialist nor the business man knows. It is a compensation. But I want my boy to know that the practice of dentistry is humdrum in spots, that it is hard work. This is what I mean by telling him what is *real* about dentistry as a vocation.

Ready for Critics

I am ready for your criticisms. Some of you will say it isn't inspirational to tell youth about the practical realities. Parents, some of you will contend, should be the "hitch your wagon to a star" people. I have no fault to find with inspiration, it is some-

thing like faith; a great attribute to possess. In this confused and disordered world I have a dread of carrying youth on the wings of rhetoric to lofty places and then seeing them plunged into despair when they enter the practical world. The heroes of Horatio Alger are, in my opinion, symbols of a day that is done. There is still "room at the top," but this idea is mighty hard to sell to the youth who can't even find a place at the bottom. The boys and girls who are twenty today have lived, during the impressionable period of their lives, through the economic years when panic has seized their elders. They have seen other boys and girls, a few years older, graduate from college and enter the world where the "No Help Wanted" sign has been hanging out for seven long years. That these youths are not sullen and discouraged is not the result of the understanding and encouragement of their elders. Their youth gives them a resiliency and a buoyancy—and also a realism. They will not eat the buncombe that inspirational older persons feed them. I, for one, will not paint for my boy a glowing picture that gives an unreal idea of dentistry or of anything else. I will try, when the crisp winter evening of our conversation comes, to tell him the advantages and the disad-



"... enter the world where the 'No Help Wanted' sign has been hanging for seven long years."

vantages of dentistry as a career. I hope that some of you will help me in preparation for this task.

I do not know enough about applied psychology to know what is the best procedure in salesmanship, to give the good points before the bad or the other way round. On second thought, I shouldn't use the word salesmanship for, if the activity of selling is to be conducted with success, the unfavorable points are never mentioned. Salesmanship eliminates all negatives. But since I am not trying to "sell" my boy on dentistry, I can approach my duty free from the restrictions of one who has a point to make. Good taste suggests that the pleasant things may best be mentioned first and the transition from the favorable to the unfavorable may be gradual and painless.

I will start our inevitable conversation, then, with a recitation of the advantages of dentistry as a vocation. I will begin by saying, "Dentistry is a profession." "But, Dad, what is a profession?" I can send him to a dictionary, but that will be no help. I can't escape the definition. A profession (I will probably begin in a heavy manner) requires specialized training and learning. So, for that matter, does diesel engine driving and seamanship. A profession, then, is something else. It must have

a history and a tradition. If that's the test, dentistry doesn't qualify, because as a separate profession it is less than one hundred years old. Agriculture, which is as old as any human activity, is not a profession. So mere history and tradition are not the earmarks. A profession cannot be described as an activity that is concerned with personal service and human problems, because engineering is a profession. By this time, I'm becoming pretty muddled and must seek the help of the dictionary. Here I hope all our difficulties will be dispersed, but the result is more confusion, for here we find "a profession is an occupation that properly involves a liberal education or its equivalent, and mental rather than manual labor." So-called professional schools do not give a liberal but rather a specialized education. Dentistry, and surgery for that matter, certainly requires expert skill and labor with the hands. So if the dictionary is correct, dentistry and medicine are *not* professions. The all-knowing oracles of the Oxfordian accent, who perform as radio announcers, may fit the definition of professional men, but dentists cannot.

I must retreat to philosophical abstraction. I will tell my son that a profession represents a point of view, an ethical concept

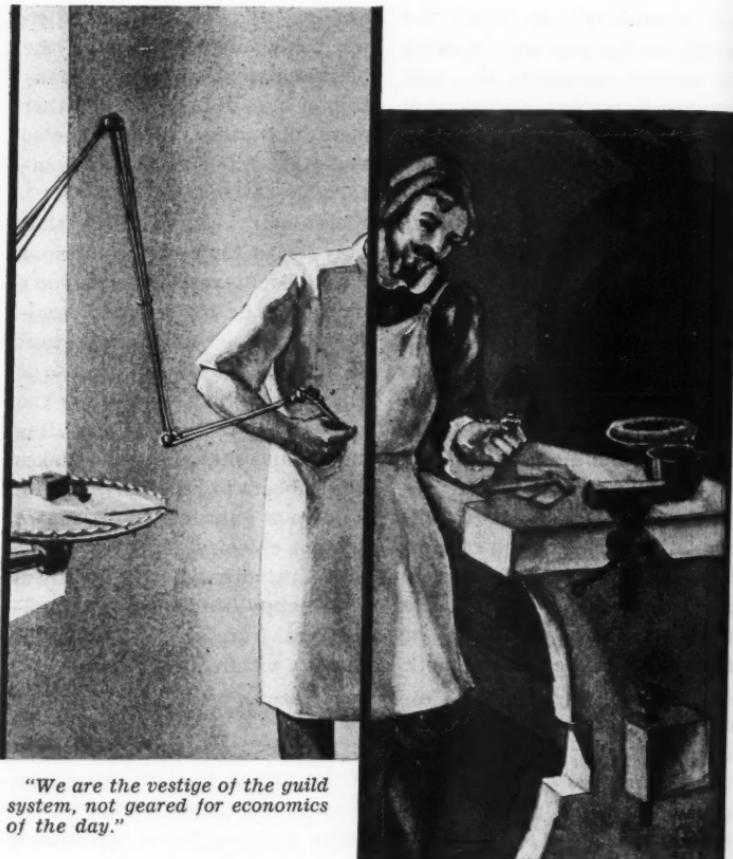
that is unselfish, in which the benefit to the one who receives the service represents the only consideration; that a profession does not have the self-interest of business. He will ask me then about the professions of law and the clergy, two of the "learned professions." Both he and I will be thinking of shyster, ambulance-chasing lawyers and demagogic clergymen, who are motivated by self-interest, and so my philosophical-ethical definition will fly out the window into the chill night air. How will I define a profession?

Dentistry is concerned with human life, health, and comfort. This sounds as though I were on safe and certain ground. But before I become too eloquent, my boy suggests, "Well, so are clothing dealers, food merchants, and coal men." That's true, I will concede. One part of the economic structure is as important as another; we are all interdependent. That means, of course, that none of us can erect prim little pedestals to stand upon above the heads of our fellows. The dentist, who fills a tooth—to prevent a root-end infection—that might produce a disease—that could destroy a life, is no more important in the organization of economic society than the farmer who pasteurizes the milk—to destroy the bacteria—that might kill a baby. It is

well for us to remember, when we think of ourselves as the heirs-apparent to the guardianship of human health, that other men and other vocations also make life fuller and more comfortable. A Chaplin or a W. C. Fields can rouse a laugh that may be as tonic and salubrious as an odontexesis—if you don't object to the big word for scaling teeth. Our work is important to human health, but so also is that of the man who grows the citrus fruit to furnish our Vitamin C and that chap who makes the rubbers to keep our feet dry. I have a gnawing doubt that I cannot eulogize dentistry as the sole custodian of the healthful and happy life. Some of my colleagues, I am sure, will call this heresy within the house.

Future in Dentistry

I am going to speak with conviction when I tell my boy, "Dentistry has a bright future." I believe that, so far as technologic and scientific advancement are concerned, dentistry will develop in the next twenty-five years as much as it has in the past twenty-five years, which is considerable. This is, provided no serious change occurs in the forms of dental practice. But my opinions concerning a new organization of society should not color my appraisal of the future of dentistry as a science and art.



"We are the vestige of the guild system, not geared for economics of the day."

I can't, however, place the two in separate compartments. So long as men are free to explore along new frontiers with the promise of either fame or fortune as their reward, the science of dentistry will, I believe, advance. Let the authoritarian state come with its regimentation and dentists will be as alike

as postmen with a book of rules and regulations to guide them in every situation. The postal service neither asks for nor encourages displays of individualism in the discharge of duty. The rules are made by the men at the top and they—the postmasters and those above them—get their jobs under the system of political

patronage. So it would be, if dentistry were socialized. To carry through the analogy, the average dentist would be in the position of the postman doing the drudgery; the dentists with political acumen and social grace would correspond to the postmasters, sitting in comfortable offices as their rewards for political fidelity. Again I started to make a definite statement of the advantages of dentistry as a career and find myself at an impasse, for I cannot be certain even of the future of dentistry without knowing something of the future of the social order. In this fertile field of speculation there is no unanimity of opinion, although even the conservatives admit that the day of *laissez faire* is done and that some kind of society of restraints and regulations by government is in order.

I have always contended that one of the advantages in dentistry is the independence that the dentist enjoys, his ability to make a good living. But, perhaps, even this independence is a spurious thing. It is true we may, within reasonable limits, determine our hours of labor. We are one-man producers and so have no superior to give us orders. We have neither business codes to set prices nor to regulate hours and conditions of labor. We are not, however, independ-

ent from the landlord or from the pressures of the economic order. We do not as a rule adjust our fees to the cost of living, except to reduce them in times of depression. People even in a rising market are not anxious to accept increases in fees for professional services. Although we have no superior to browbeat us and order us about, neither have we anyone in our employ with whom we can divide nor to whom we can delegate our labors. We are in fact one-man factories in a mass-production world. We are the vestiges of the guild system, not geared for the economics of the day. We cannot participate in the social security programs that include other workers. We must finance our own unemployment insurance and old age protection. We are neither capitalists, who have money working for us, nor laborers to participate in plans for social security. We have none of the slick methods by which to escape taxation. We are caught between the currents.

Weathered Depression

I have been proud of my own ability to weather the economic storm. I am also proud of my colleagues. Dentists have retrenched and adjusted their standards of living to meet the times. When banks were closing, businesses collapsing, brokers

throwing themselves from high windows, dentists kept on working—and paying their bills. Few dentists have been on the relief rolls. The soundness of dentistry as a means of livelihood has been a source of satisfaction to me and I have often, with diabolical pride, pointed this out to my friends in the business world who sometimes spout, "Dentists and physicians are such poor business men." For the most part we have kept on doing what we could to relieve suffering with the full knowledge that for many of our services we would never receive payment. Maybe this isn't good business, but anyway we kept on making a living without calling to the Reconstruction Finance Corporation for loans or running to the relief commissioners for a dole. I will tell my boy this side of dentistry with a sense of pride.

I began in what appeared to

be an orderly fashion to set down the advantages of dentistry as a vocation. In reading what I have written, I find that, for each advantage, I set up a disadvantage and sometimes several. I have had no wish to seem pessimistic, because I am not. Dentistry has been good to me. Under similar conditions, I would choose to be a dentist again. I almost said the "good old days." If I did, it would be the sure sign of nostalgia or of old age. I know that the "good old days" were not always good. Maybe the future days will be even better, although the signs along the way fill one with doubt. I am trying to prepare myself for this chat, between my boy and me, some crisp evening soon. I'm not going to force the discussion, but I would like to be prepared when the evening of our conversation comes. What would you tell your son?

Prizes of \$15, \$10, and \$5 will be awarded for the three most interesting letters of criticism or suggestion concerning this article. Letters should be addressed to the Editor, *Oral Hygiene*, 708 Church Street, Evanston, Illinois.

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Effective Lighting in Your RECEPTION ROOM

by A DENTIST'S WIFE

"YOU MUST go through the moving picture studios," all my friends insisted, when I left home this summer for a motor trip to California. And I really intended to visit at least one studio. But I couldn't, and I didn't. The day that I ventured out to the lots there were 300 curious tourists ahead of me. Instead of getting in line, I consoled myself by deciding to visit some expensive dental offices. "Perhaps," thought I, "ORAL HYGIENE readers might like to take a vicarious jaunt with me to some of the Hollywood reception rooms."

You may smile at my expression, "expensive dental offices," but the offices that I intended to visit were those in which expense would not have to be considered in decoration and furnishings. So many styles come out of Hollywood that I hoped to find a new way of making reception rooms pleasant and comfortable for dental patients, as well as decorative.

Up on the third floor of an attractive white office building, I

made my first call on Doctor Prosperity, who has a substantial reputation among local dentists. The young lady at the desk asked me to wait in the reception room. She would see if Doctor Prosperity was busy. He was—for twenty minutes. In the dim half light of the room, I couldn't attempt to read, although some inviting magazines were conveniently close to my chair, a low yielding one, with a deep blue silk cover. Instead, I looked about the room. The heavily carved black walnut furniture, red lacquered screens, brocaded draperies, and a faint odor of burning incense combined to create a seductive, oriental atmosphere. Sitting there, I found my mind drifting back 2000 years to the days of idols, incense burners, and elaborate palaces.

The sudden appearance of Doctor Prosperity in a crisp white gown really startled me. I had half expected to see an oriental potentate glide softly through the ornate doorway. It wasn't easy to bring my mind back to the twentieth century.

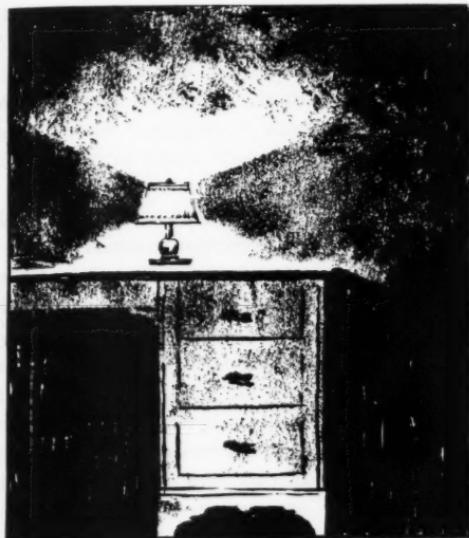


This shade is too small to permit adequate spread of light; contrasting zones of light and the exposed bulb are irritating.



Added height of lamp, concealed bulb, a shade with an open top and greater spread insure adequate and proper distribution of light.

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A small reading lamp limits the light to a confined area, creating contrasts and causing eyestrain and fatigue.



A taller desk lamp distributes light evenly over a greater area and insures eye comfort.

But Doctor Prosperity's quick, decisive manner in showing me about his up-to-date operating room soon aroused my interest in modern dental problems. I was pleased to see that *this* room, although an outside one with a maximum of California sunlight, was adequately prepared for good artificial lighting on cloudy days. After my pleasant and instructive visit with Doctor Prosperity, he suggested that I call on a specialist just off Hollywood Boulevard where he said I might be fortunate enough to encounter two or three of the motion picture stars.

My first glimpse of Doctor Boom's reception room convinced me that it had been arranged as a background for celebrities and not as a complement to a modern dental office. My feet sank into deep piled carpeting, my eyes were instantly drawn to a vividly colored ceiling, angular furniture lined the walls, and the mirrored panels and glaring light made me think that I had wandered into an ultra modern salon for displaying French importations. How I wished that I had worn my other hat!

Although I visited other dental reception rooms that day, it seemed to me as I trudged back to the hotel that the ones I have mentioned represented two extreme types, which should be

avoided by dentists not only in Hollywood but everywhere. We cannot all agree on furnishings for the reception room, but perhaps, if we give it some thought, we might agree on the purpose of a reception room.

If the dentists will agree that the reception room is a place set aside to receive and make welcome the waiting patient, then they must see the necessity of having this room not only comfortable and pleasant but reflecting in some measure the spirit of contemporary dentistry. If this idea is kept in mind in decorating, there will never be strong, disturbing contrasts between the furnishings of the reception room and the operating room.

The two reception rooms that I have mentioned were typical of contrasts often found in dental offices. Regardless of the amount of money spent in decorating, these were not inviting, restful rooms. They failed to take into account the comfort and convenience of the waiting patient. In neither of these rooms could I have relaxed comfortably and read with ease which it seems to me, you should be able to do in any dental reception room. Aside from the distracting effect of the decorations, the lighting was not correct. In the first one, it was too dim and shadowy, and in the

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other the garish lighting made me feel as if I, personally, were on display—to my own disadvantage.

Adequate Lighting

It doesn't seem to me that there is any reason today for a poorly or ineffectively lighted reception room. From the days of the smelly fagots used by our primeval ancestors; the candles with their feeble, flickering light; the oil lamps supporting smoky chimneys; and the gas burners with their brittle mantles, we have come a long way. Now we have lights that can be burned in any position, are clean, convenient to use, and variable in size and intensity. The dentist certainly utilizes correct lighting in his operating room, but I'm afraid that he still does not realize that it is just as important in his reception room. Women, particularly, find it hard to excuse any inconvenience from inadequate lighting because they know it could easily be remedied.

I prefer indirect lighting for general illumination in a reception room, because it gives a diffused effect most like sunlight and is restful to the eyes. Glaring light sources, as we all know, produce nervous and muscular tension. Up-to-date lighting effects can be easily introduced in a reception room of any period

through a careful choice of fixtures. Indirect lighting fixtures may be used on the ceiling or on the walls or both. If the ceiling is low, the fixture should not project too far. Simple round, square, or rectangular boxes made of a good diffusing glass furnish the minimum amount of projection into the room. When your ceiling is high, you have a wide range from which to select your fixtures. They can be suspended any distance from a few inches to several feet. The metallic reflector, shaded-candle, or any other semi-direct fixtures are practical.

Wall brackets are also used for general illumination and for decorative effects. Such brackets should be placed symmetrically to achieve balanced secondary lighting. Because of their locations, if not carefully shaded, they can easily become sources of discomfort. If brackets with indirect lighting are used without the ceiling fixture they require higher watt bulbs to maintain proper general illumination.

Occasional Lamps

Portable lamps in a reception room serve two purposes: decoration and utility. Reading lamps of today are admirably suited to both of these purposes. When you are selecting your lamp base, there are several things that you should keep in

mind. If you are going to place a lamp on a high end table of 30 inches or more, the standard may be shorter than one that is used on a low end table with a height of 24 inches. Try to avoid the common error of buying a lamp so tall that raw light strikes the eyes from under the shade. The lamp base should, of course, be of adequate height and built to carry well a shade of ample dimensions and be suited to the furniture beside or on which it is to stand. For a base 23 to 26 inches tall, I prefer a shade that is 16 or 18 inches wide at the bottom. I am also careful to select a shade large enough to accommodate whatever size of bulb I am going to use. The bare lamp bulb must never be visible. If you have adjustable sockets in your lamps, this isn't so likely to happen. You can use, in a two-socket lamp, two 60 watt frosted bulbs.

Another point that I want to stress here is the importance of concealing the cords of floor and table lamps. If they are permitted to show, they cheapen the appearance of the lamp and make the room look cluttered even when everything else is in perfect order. Everyone knows, too, of the fire hazard of trailing, worn out cords.

If you have more than one occasional lamp, the shades should be all of one color. White

or light shades give more satisfactory reading light. If the shades are of a dark color, they should be lined with white or cream, as the dark color absorbs the light. I have found that open-top shades are the best type for portable lamps in a reception room. Besides giving reading efficiency, they permit some light to be reflected up and around the room to aid the general illumination that is needed for eye comfort as well as lighting balance. Such a lamp placed strategically under a picture lights it up effectively too.

Minimum Amount of Light Needed

I can't, of course, tell you exactly how much light your particular reception room will need, but I can offer an approximate rule that may help. It depends so much on the amount of natural light you have in your room that you will have to experiment to cover all days and conditions. If your room is the average height of 8' 6", with the ceiling finished white and the walls light, here is what you can do. Multiply the breadth by the length of the room. Say it is 10 by 15, you will have 150 square feet. Each square foot requires 1-1/3 watts of illumination. You should have for this room, then, a 200 watt bulb in your ceiling fixture and table and floor lamps will supply

additional light needed at different points of the room. This is for night lighting which can be modified for day use. In determining the number of bulbs to use in a room, keep in mind that a single large bulb gives more light than several small ones in a single fixture and costs less. For the same wattage, the one large bulb gives approximately 50 per cent more light.

Timely Suggestions

Now that we are approaching another year, I'm hoping that some of my suggestions will be taken seriously. I think it's an excellent time for wives to begin looking over the dental office critically, not only from the point of view of lighting but general attractiveness. After all,

your husband spends a large part of his time in the dental suite. I'm sure he'd appreciate the thought behind your suggestions for redecorating his office. Even better than suggesting, you might make your Christmas gift to your husband this year something for his reception room. Perhaps a new floor or table lamp, an attractive ash receiver, slip covers for the chairs, an end table for books and magazines, a new plant, or Venetian blinds would please him. Anyway it's a good idea to give some thought to his reception room. If you really take an interest in improving it, you'll be surprised to see how quickly the room will respond to a woman's artistic touch.

Christmas Shopping List
Dental Reception Room:
floor or table lamp
Venetian blinds
linoleum or rugs
ash trays
magazine subscriptions
slip covers
end tables
books
plants

Enter Social Security

TAXES

by REUBEN H. KOENIG, D.D.S.

THE ROAR and fury of the Presidential campaign is over. The closing days of the campaign were filled with debate on the Social Security Act—much of which was reasoning built on false premises or fragmentary facts. The election proved, among other things, that the nation favors the principle of Social Security legislation. Now we must prepare to meet the cost.

Within a short time it will be necessary for dentists to begin to set aside funds to take care of taxes payable under the terms of the Act. This, together with impending changes in income tax forms, which are now under preparation by state and federal income tax divisions, makes the keeping of accurate records in the dental office more important than ever before.

In particular I should like to stress in this article the necessity for the right kind of a major office record. This consists of a record of services performed, taxable and non-taxable cash received, refunds, adjustments and any discounts allowed, and

tax deductible and non-deductible disbursements. It seems to me that a dentist should keep his records in such a manner that he can make a complete analysis of his financial condition at any time, without difficulty, and so that both state and federal income tax auditors may make their audits at the end of the year with facility. He should also keep a record of the deductions made from his employees' wages and his own income, for the Old-Age annuity tax under the Social Security Act, which becomes effective January 1, 1937.

Because in my practice I have introduced a method of record keeping that has proved both efficient and flexible, I am going to describe it here in detail. In my office, the name of the patient and the amount of services rendered are transferred daily from the individual ledger card to the daily record book. Cash received from patients is also recorded daily. Since cash received on accounts charged prior to the application of a state in-

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come tax law is not taxable, it should be checked when entered in the daily record so that at the end of the year the total of these checked amounts may be deducted from the gross total of receipts for professional services. Miscellaneous taxable receipts, such as money received from the sale of scrap gold, and so on, are entered in my daily record. Likewise, I have the refunds, adjustments, discounts, and bad or charged off accounts transferred from the patient's ledger card to the daily record. All my receipts of a non-taxable nature are entered in a separate column in the daily record book. At the end of each month, all of these totals are forwarded to a monthly summary.

In order to expedite the checking of my records for classified deductible items at the end of the year, the part of my daily record devoted to disbursements is arranged in a manner similar to that of Federal Income Tax Form 1040 and the state form. Thus, at the end of the year the totals of the various classified deductible items may be readily checked. I have in this part of my daily record one column for non-deductible disbursements and another column for withdrawals. At the end of the month I transfer the totals in the various columns included in the record of disbursements to

the monthly summary. In this summary I include the total of services rendered, the total taxable and non-taxable receipts, the total deductible and non-deductible disbursements and withdrawals, and also the net cash income for the month, net cash balance for the month, the total cash balance on hand, totals of accounts receivable and accounts payable and a monthly or yearly record of depreciation charges.

In addition to these daily and monthly records it is advisable to maintain a record of insurance policies, an inventory of equipment for depreciation and other purposes, and a balance sheet for the year.

The Social Security Act

It will presently be necessary for the dentist to add payments under the Social Security Act to his records. Under the provisions of this law, and beginning January 1, 1937, every employer of one or more persons and every employee must pay an Old Age Annuity Tax. This tax will be 1 per cent on wages paid in 1937, 1938, and 1939. Thereafter it will advance according to a graduated schedule until 1949 when it will be 3 per cent for that year and thereafter. There is no size limitation here as in case of the Federal Unemployment Fund Tax, which tax

must be paid by an employer of eight or more persons.

Under this Act dentists will be required to collect or deduct 1 per cent from their employees' wages beginning January 1, 1937, and must then pay the amount collected to the Bureau of Internal Revenue as that Bureau will subsequently direct. Likewise, beginning January 1, 1937, every dentist who employs one or more persons in his office must pay the Federal Old-Age Annuity Tax of the same percentage as that paid by the employees and collected by the dentist. The dentist will be required to pay this amount to the Bureau of Internal Revenue. The employer is liable for the collection of the tax from the employee and consequently should deduct it from the wages paid.

Employers of less than eight persons and employees are not required to pay a Federal Unemployment Fund Tax. The Old-Age Annuity Tax need not be paid for services in "casual labor not in the course of the employer's trade or business"; nor is it required on account of services "by an individual who has attained the age of 65." The amount of wages on which the Federal Old-Age Annuity Tax must be paid includes "all remunerations for employment, including the cash value of all remuneration paid in any medium

other than cash." This means that the value of dental services rendered the office assistant or secretary by her employer must be regarded as a part of her salary or wages.

It can readily be seen from requirements imposed by the federal and state governments that dentists should keep complete and detailed records of their business transactions so far as their professional practice is concerned.

The proper office routine in the handling of Federal Old-Age Annuity Taxes consists of entering the amounts collected from employees in the non-taxable receipts column in the daily record book. Whenever a remittance covering these employees' taxes is made to the Internal Revenue Bureau, a corresponding entry should be made in the non-deductible disbursements column in the daily record book.

It might be well to mention that the employees' wages or salaries in full should be entered in the *salaries* column in the deductible disbursements section of the daily record book.

Whenever a remittance covering the employer's Federal Old-Age taxes (on wages or salaries of his employees) is made to the Internal Revenue Bureau, an entry for the amount should be made in the *taxes* column in the

deductible disbursements section of the daily record book. In case a subsequent ruling is made changing the income tax deductibility in this matter, the entry should be made in the non-deductible disbursements column of the daily record book.

Dentists who have outside investments and obligations of a non-professional nature should keep accurate records of all business matters related thereto. In this connection almost every dentist has other interests from which he receives both taxable and non-taxable earnings or income and likewise other non-professional deductible and non-deductible disbursements. These outside or non-professional items should be recorded apart from the office or professional items.

Income Tax Records

A consideration of this subject would be of little value if it did not urge each dentist to make not only a complete study of the federal, but also of the income tax requirements in his particular state.

The following information based upon income tax division rulings may be of value to dentists in the keeping of their records and in the preparation of income tax returns:

1. Federal income tax paid is a deductible item in the state return, but is non-deductible in the federal return. State income tax paid is a

deductible item in the federal return, but is non-deductible in the state return.

2. Depreciation is a deductible item in both federal and state returns. The rate is usually figured on the original cost, being based on the probable remaining useful life of the property after acquisition.

3. Interest paid and included in regular monthly payments on property is deductible.

4. Dental society dues, Chamber of Commerce dues, the cost of dental journals and magazines, the cost of daily newspapers and non-professional magazines used in the office, premiums for professional liability as well as office fire insurance, court costs, attorney's fees and other collection fees, when paid by the dentist, and auto license fees, whether or not the auto is used in business, are all deductible items.

5. In the matter of replaced items of small cost no definite line can be drawn, but each case should be decided on its merits. The dentist, with full knowledge of all the facts, ordinarily should be able to decide as to what is the proper procedure. Replaced items of larger cost such as a dental chair or cabinet are considered as capital expenditures, subject to depreciation.

6. Retail sales tax is deductible. An estimate of such taxes paid is acceptable if the amount appears reasonable.

7. State gasoline tax is deductible in the state return but not in the federal. The federal gasoline tax is deductible in the federal return but not in the state. If no record is kept, this tax may be estimated.

8. If an automobile is used exclusively for business purposes, the actual expense of operation including cost of gasoline, oil, license fees, insurance premiums, depreciation and minor repairs, is deductible from gross income. If the automobile is used partly for business and partly for personal purposes, such expense of operation may be apportioned on the basis of the estimate of its devotion to business and to personal uses, and the amount ap-

plicable to business will be an allowable deduction. If the automobile is used but incidentally for business purposes no deduction will be allowed. So-called repairs, which consist of general over-hauling or replacement of any of its essential units, are considered in the nature of renewals or replacements which appreciably prolong the life of the automobile, and will not be allowable as deductions.

9. Expenses incurred in attending dental meetings, if in excess of the compensation received there-with, are not deductible. Ordinarily such compensation is treated as a gift unless in excess of related expenses in which case the net profit is considered taxable income.

10. The cost of professional library books is non-deductible. This is considered a capital expenditure subject to depreciation.

11. The value of services rendered for charitable purposes either gratis or at a reduced rate is not deductible. Only the amount actually received should be reported in gross income.

12. A dentist should not claim a deduction for bad debts. Deductions for bad debts are allowable only in connection with trade or business and when they arise from items of income which have been included in gross income. The term "included in gross income," when used in connection with deductions for bad debts, means that the taxpayer has reported his income on the *Accrual Basis* and that the account claimed as a bad debt was included in gross receipts from business. If charge accounts are not included in gross income until they are paid, the taxpayer is considered to be reporting on the *Cash Basis* and, therefore, can claim no deductions for bad debts.

EDITOR'S NOTE: This article by Doctor Koenig is published to direct the attention of dentists to the provisions of the Social Security Act that affect them as employers. Because it is com-

monly believed that professional people are exempt from the Act, we requested Doctor Koenig to explain in more detail the provisions of the Act. He writes as follows:

"For your further information I wish to quote from the text of the Social Security Act: 'Title VIII, Section 801: In addition to other taxes, there shall be levied, collected, and paid upon the income of *every individual* a tax equal to the following percentages of the wages received by him after December 31, 1936, with respect to employment after such date: (1) With respect to employment during the calendar years 1937, 1938, and 1939, the rate shall be one per centum.' I am omitting the schedule for the subsequent years.

"Title VIII, Section 804: In addition to other taxes, *every employer* shall pay an excise tax, with respect to having individuals in his employ, equal to the following percentages of the wages paid by him after December 31, 1936, with respect to employment after such date: (1) With respect to employment during the calendar years 1937, 1938, and 1939, the rate shall be one per centum'. The schedule for the subsequent years is omitted here.

"I quote further from 'Title VIII, Section 811: (B) The term

"employment" means any service, of whatever nature, performed within the United States by an employee for his employer, except—

- (1) Agricultural labor;
- (2) Domestic service in a private home;
- (3) Casual labor not in the course of the employer's trade or business;
- (4) Service performed by an individual who has attained the age of sixty-five;
- (5) Service performed as an officer or member of the crew of a vessel documented under the laws of the United States or of any foreign country;
- (6) Service performed in the employ of the United States Government or of an instrumentality of the United States;
- (7) Service performed in the employ of a State, a political subdivision thereof, or an instrumentality of one or more States or political subdivisions;
- (8) Service performed in the employ

of a corporation, community chest, fund, or foundation, organized and operated exclusively for religious, charitable, scientific, literary, or education purposes, or for the prevention of cruelty to children or animals, no part of the net earnings of which inures to the benefit of any private shareholder or individual.

"For further information on this Act I wrote to Charles D. Huston, Federal Collector of Internal Revenue for the state of Iowa. He wrote me a letter in which he stated the following: 'You are further advised that any dentist or physician who, after January 1, 1937, employs any person, will be required to file a return and to pay tax on the remuneration paid to the employee.'"

100½ North Main Street
Charles City, Iowa.

DENTAL HEALTH CHARTS RELEASED

A new set of eight dental health educational charts for association members has been prepared and is now ready for release by the Bureau of Public Relations of the American Dental Association. Each of these charts is 22 x 29 inches and is illustrated with one large and five small color illustrations. Only enough text matter has been added to clarify the meaning of the charts.

These eight charts are spirally bound into one complete unit and the subjects covered in the set are: the teeth; the deciduous teeth; the permanent teeth; diet and teeth; dental care; mouth hygiene; preventing decay of the deciduous teeth; preventing decay of the permanent teeth.

For the complete set the price is \$1.00. Special rates are available for larger orders; in sets of ten, 90 cents per set; in sets of twenty-five, 85 cents per set; in sets of fifty, 75 cents per set; in sets of one hundred, 60 cents per set. In order to take advantage of the lower prices, it is suggested that association members pool their orders.

Correspondence concerning these charts should be directed to Lon W. Morrey, D.D.S., Supervisor, Bureau of Public Relations, American Dental Association, 212 East Superior Street, Chicago.

UTAH RETAINS

Anti-Advertising Law

Leaders of organized dentistry in Utah are gratified that the attempt to nullify the anti-advertising law through the use of the initiative and referendum was unsuccessful.

THE ATTEMPT of the so-called People's Dental League, under the direction of Doctor W. L. Withers, to sponsor a referendum November third on the repeal of the dentists' anti-advertising law in Utah was blocked by a decision of the Supreme Court and the proposition never reached the electorate.

Several weeks ago, Doctor L. O. Halgren, representing organized dentistry, petitioned the Supreme Court to pass on the validity of the signatures that had been obtained by circulating among voters petitions asking that the dental anti-advertising law passed by the Utah State Legislature in 1935 be repealed. In his petition, Doctor Halgren also asked that some 9000 voters who had signed the original petitions and now wished to withdraw their names be permitted to do so.

The Supreme Court ruled that, inasmuch as there were many irregularities in the matter of addresses of signers, the petitions should be referred back to the

Secretary of State to be rechecked, and those names bearing no post office address be stricken from the lists. Because the rechecking of these petitions seemed to indicate deceit in obtaining signers, Doctor Withers and other sponsors, after a conference with the Secretary of State, allowed the petitions to die in that official's office. Thus the proposed amendment, which sought to change the present advertising law in Utah so that dentists might be allowed to advertise their services and also the use of special methods or systems, never reached the ballot for approval or disapproval by the voters.

Leaders of organized dentistry in Utah are gratified that this attempt to nullify the anti-advertising law through the use of initiative and referendum was unsuccessful. Not only advertising dentists but all the members of the profession throughout the country have been watching the outcome of this case with much interest.

HELP YOURSELF

to a practice

PART II

by GEORGE WOOD CLAPP, D.D.S.

IN THE FIRST ARTICLE I made definite statements relative to some causes of financial success or failure in practice. They were based on extended observation in both time and area. Some of the statements were positive; some were negative. They are important to so many thousands of dentists that it is worth while to review the substance of them before we begin this article.

Positive Statements

1. While most practices have fallen away from 30 per cent to 70 per cent during the depression, from 10 per cent to 30 per cent of dentists have held their practices about level or have helped themselves to more practice.

2. Critical study shows that these successful dentists have followed an almost identical psychology, of course with individual variations. The unsuccessful dentists have followed a psychology common to nearly all of them but very different from that of the successful men.

3. In most communities the

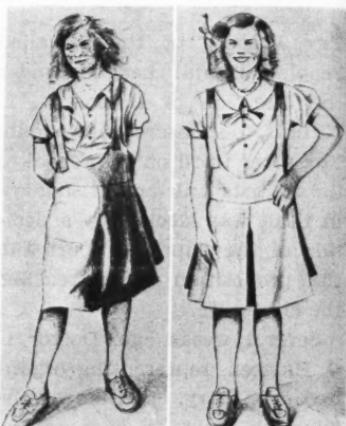


Fig. 1

Fig. 2

Figure One, sketch made by Michael Galada, Staples School, Bridgeport, Connecticut, age 15, grade 8. This was drawn for the cover of the broadcast "The Girl Who Earned a Good Complexion." It shows Bertha before she had received needed dental service.

Figure Two also made by Michael Galada drawn for the cover of the broadcast "The Girl Who Earned a Good Complexion." This was Bertha after she earned the good complexion.

surface of the possible demand for constructive and honest service at moderate fees has hardly been scratched.

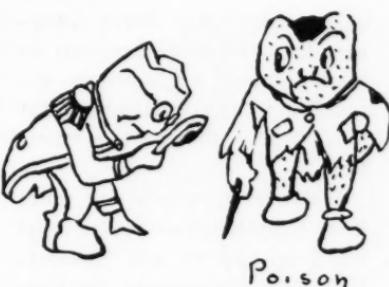
4. If we want to turn irregular or uncertain patients into

regular patients, we must earn them, not wait for them to come to us of their own accord. To earn them we must tell them as often and convincingly as possible about the important part dentistry can be made to play in their lives. We must tell this also to the vast number of people who virtually never come to us. By concerted and continued effort it should be possible to turn the upper 20 per cent of our population into regular patients.

5. Under certain clearly defined conditions of frequency, subject, and manner, the radio is an ideal means of telling our story. That story does not have to be dragged in as the tail to music or a comedy sketch and slipped in before the listener can tune out. It need not be a mere incident in the broadcast. It should be the heart of it.

6. By means of ethical and constructive methods we can have as large a regular, attentive, and believing audience as we are willing to build. Hard work by all of us means a great audience. Little work means a small audience. Big audience—plenty of practice: a small audience—less practice.

7. Even the least successful people, financially, in the audience need dentistry's professional story as much as we need to tell it.



Poison

Negative Statements

1. To place the whole blame for loss of practice on the depression is, for the most of us, an easy and superficial means of covering up the consequences of our own shortcomings. Much of the fault lies in us.

2. If ours has been a profession for a century, it has been a century of silence as to education of the whole public by the whole profession. We have left our best educational opportunities to commercial interests. We have no ground for complaint if the education has not been professional. It is at least better than we, as a whole, have offered.

3. Seven in ten of us have been content to wait for physical, social, or business necessity to drive people to us. Most of us don't know how to do anything else. So long as the drive produced enough income, we were satisfied.

4. Few of us understand the difference between the profession of dentistry and the craft

of dentistry. Still fewer recognize that the profession can be made almost fascinatingly attractive to the intelligent public, but that the craft is repellent.

5. Seven in ten of us don't know dentistry's professional story or how to tell, interestingly and persuasively, what we know. There is either no instruction on this subject in dental colleges or far too little. We need courses in "What To Do With It When You Get It."

6. The practice of dentistry for a livelihood is a business that necessitates not a degradation but an elevation of its most desirable elements, among them health education of the public. What would you think of a business man who didn't understand the comparative attractiveness of his different wares, who waited for necessity to drive

people to him when they could go nowhere else, and who didn't know how to talk interestingly and persuasively about his service even to those who were driven in? That is a pretty fair thumb-nail sketch of seven dentists in ten in this country.

Purpose of this Article

There is no necessity for such a widespread condition of inactivity or financial hardship among us or for such widespread and appallingly expensive dental disease among the public. If we will wake up and apply ethical methods intelligently, all these conditions can be corrected. There is no need to adopt unethical methods, and I believe every such method will prove to be a boomerang.

The work of D. D. Smith, Howe, Fones, Hawkins, Page, and others, with the assistance we get from other professions, makes it possible to begin to tell dentistry's story to the public as the public wants it told.

We need a variety of efforts in many forms. This article is the story of one such effort, of what has so far been accomplished, and how it can be utilized by dentists everywhere.

What This Effort Is

It is a radio program entitled "The Dentist Says" consisting of two fifteen minute broadcasts a



week for twenty-six weeks a year over a network that extends from Portsmouth, New Hampshire, to Harrisburg, Pennsylvania. In this area are about 17,000 dentists and 15,000,000 people. The program is now in its fifth season.

There are two new and important developments relative to the program. One is that broadcasts are issued in printed form and are finding an astonishingly favorable welcome in schools, as will be described later. The other consists of short newspaper articles based on the broadcasts and available to dentists for their local papers.

This program is a contribution to general dental welfare by two dental manufacturers whose names and products are never mentioned on the air, and who remain unknown to the public. It has had, from the beginning, the approval of the American Dental Association, but this approval is never mentioned to the public. The program stands or falls by its own merit. There has never been an important adverse criticism.

Appealing to the Public

Any effort in public instruction that hopes for even slight success must be adapted to the psychology of the public. This is especially true in the use of radio and in dental programs.



The public cares nothing about dentistry as we like to think and talk about it. It is interested in appearance, health, comfort, practicability, and economy. Prophylaxes, restorations, extractions, replacements are to them merely details contributing to what they have in mind. The audience will listen to what they want to hear, will heed, will seek service. They will tune out everything that does not appeal to them.

It will be a great stride forward when we learn that the story of the craft of dentistry—the story of what we want to do instead of the ends we want to serve—is repellent to many intelligent people.

To hold attention, stories must be rich in human interest. In the case of dental stories they must be backed by authentic professional knowledge.

It was not difficult to arrange behind this effort, in which there is nothing advertised or for sale, a group of dentists, physicians, microbiologists, physiological chemists, vital statisticians and educators, most of them nationally famous, who agreed to provide information as called upon, on condition that they were not quoted except with reference to what they had published. Although the names of some in the other professions may not be familiar, dentists will recognize many of these eminent names in the dental profession: Bodecker, Bunting, Chapman, Drain, Dunning, Edwards, Eldridge, Fones, Gies, Gysi, Howe, Lieb, Lotka, McCall, Miller, Pease, Price, Sherman, Smith, Sutton, Ulsaver, Walters, Waugh, Williams. For the assistance of these men, who have done everything I asked of them, I am deeply grateful.

Audience-Building

The second requirement for a successful radio program is an audience that wants to hear what is told. You might think that, with a professional program under such sponsorship, every dentist in the area who was in slight or urgent need of more practice would actively concern himself to see that every one of his patients, past or present, and all his acquaintances tuned

in. Did they do it? A few did; generally speaking, they did not. They might not have much to do, but they could stay at home or visit other dentists no busier than they, or think up new excuses for not paying the landlord. Good old Necessity had towed them so far and, given time and a general economic improvement, he would get them out of their present Slough of Despond. It would be liberal to say that one dentist in ten took an active interest in audience-building.

Outsiders Find a Way

It remained for a Connecticut school teacher, in charge of the fifth grade of a small school, and a little Jewish boy to build an audience that, for both professional and public welfare, should tune in and be interested, instructed and persuaded by the program.

Kathleen Moffatt had in her class some boys who were liable



not to be promoted. Despite her best efforts in their behalf, their teeth were defective, their attitude was unsatisfactory, their school work was inferior. She appealed to her dentist for some means of interesting them. He suggested the radio program and gave her a Bulletin. She took her class to the one radio in the building. By the greatest of good fortune, the first broadcast interested them.

Leonard Androphy brought a radio to the schoolroom, and thereafter the class had the Tuesday and Thursday broadcasts in the room. Curiously enough, the broadcasts interested most of those children who had resisted Miss Moffatt's efforts.

They began to clean their teeth. When they saw how much better their teeth looked, they had to wash their faces. Then they had to comb their hair and finally to wash their hands. With the improvement in appearance came an increase in self-respect and better school work. Every child was promoted.

Miss Moffatt used the broadcast stories as lessons in English composition and spelling. After a while the class wrote me a letter and signed it "Your new friends, the boys and girls of the fifth grade, Lincoln School, Derby, Connecticut." I replied, and the letter from an unseen

source sent a thrill of enthusiasm through the children. They invited me and my air associate to visit them. I wrote that I could not call on children with unclean teeth, but that, when all the mouths in the room were clean, they should renew their invitation.

A little later the renewed invitation came, and I went. The children had arranged an imitation radio in the room, and they broadcast back to my associate and me summaries of the stories we had told them over the air. Every mouth was clean, most of the decayed teeth had been filled or extracted, and they promised that the others should be before the radio season closed.

Practical Results

There is a practical side to all this. There were 30 children in the class, 5 of whom were on relief. They had 30 mouths cleaned by local dentists, restorations were placed in 59 teeth, and 43 teeth were extracted. And they sent 31 of their adults to the dentists for 36 restorations, 50 extractions and 6 sets of dentures—a total of 224 operations. Except for the suggestion to Miss Moffatt, not a dentist had lifted a finger to get that business.

Following this development, the Tuesday broadcasts were arranged definitely to appeal to

children from the fifth to the ninth grades, inclusive. As baits to childish interest, a series of prizes was arranged for the fifth and sixth grades, grouped together, and the seventh, eighth, and ninth grades, grouped together.

The prizes for this season are:

First prize: a 6-tube, superhetodyne radio with short-wave attachment, or, for classes that have won the radio, a picture for the classroom wall.

Second prize: Van Loon's illustrated Geography.

Third prize: A fine barometer for the classroom wall.

Fourth prize: Honorable Mention.

All prizes are the property of the schoolroom, not of an individual pupil.

For Schools Without Radios

Only in recently constructed school buildings are there radios in rooms, and no one hour is convenient for all classes to hear programs. So the broadcasts were offered in mimeographed form to schools which preferred them that way. The response was surprisingly favorable. Broadcasts read to the class were eligible for prizes given for the best summaries. Before the school year ended, more than 30,000 children in Massachusetts, Connecticut, New York, New Jersey, Pennsylvania, and Dela-

ware were getting the Tuesday lessons regularly in the mimeographed form and, we estimate, about 5,000 children per week heard them over the air. The lessons were used by different teachers as part of the instruction in general and dental health, English composition, general science, and physical education.

Prize Broadcast Stories

During the 26 weeks of the broadcast season five stories were told for prizes. The titles were as follows:

"Fatty the Football Captain." Based on a story from the practice of the late George Monson.

"The Girl Who Earned a Good Complexion." Based on the work by Ebersole and the Cleveland Dental Society in Marion School.

"How Bobby Changed His Shape."

"Ruth, Unpopular, and Popular."

"The Bicycle That Almost Caused a Tragedy."

Each class could submit only one summary about one broadcast, not over 300 words in length, which told what the hero or heroine did, why he or she did it and what he or she got out of it.

The usual procedure in classes was about as follows: Each child listened attentively and wrote his own summary as part of a

lesson in English composition. The summaries thus written were studied, and the best elements of all were combined into the one summary to be submitted for the prize. As may be imagined, this was written with great care.

To our great surprise and delight, the art classes began to illustrate the summaries, sometimes with decorative covers, sometimes with pictures in the text. Some of these are shown here. Few things have been more gratifying than the artistic ability and ingenuity shown in this way. During the school year 550 summaries were received, each of which represented a week's work by a class.

Two very important consequences follow: (1) No class can prepare such a summary without knowing the lesson it teaches. Many of those youngsters know more about how to live and the real value of teeth than I knew for years after I entered the profession. (2) It is impossible that the interest should not spread to the homes. It does. Mothers become as keenly interested as the children. They tune in regularly on the broadcasts and talk them over with the children at home. And they form, in considerable part, an audience that cannot be reached by any other means that I know. In the radio area this

audience can be increased almost without limit.

This story would be unfairly incomplete if no tribute were paid to the excellent work done by dental hygienists. Outstanding among them are Miss Mabel McCarthy, in Bridgeport, Connecticut, who won for the program the approval of the Health Officer, R. B. O'Shea, M.D., and Miss Helen Kundrot, of Glen Cove, Long Island. Miss Leah Gold is doing a fine piece of work. The city of New Haven, Connecticut, had been a closed book to the program. She has gained the approval of her superiors, and the program is now going to 47 schools in that city.

Broadcasts Improved

For this season the broadcasts have been improved in every way. They are printed instead of mimeographed, and many of them are illustrated, thanks to our contributors and the dental magazines, especially **THE DENTAL DIGEST**.

The broadcasts have been made much more interesting to pupils. We have been with Price to visit Indians in New York State and eastern Canada. We are now going with Waugh to visit the whites and Eskimos on the Labrador coast. The lessons tell, in story form, the benefits of wise living and the penalties of unwise living.

Requests from schools, within the radio area, which have no radios in the rooms are steadily increasing. One great school in Brooklyn recently put the program into 40 rooms.

Teaching Area Broadens

Requests now come from schools far outside the radio area, from Maine, western Pennsylvania, Georgia, Indiana, Illinois, Nebraska, Minnesota, Montana, and California. In some of these states the program has only what my farmer friends call "a toe hold." In others, it is well grounded. In Altoona, Pennsylvania, for instance, it was recently installed in 33 buildings. Montana schools are using it throughout more than 25 school districts. Professor Sutton of Atlanta, Georgia, is using it in more than 300 rooms and has written the local dental society suggesting that all its members procure copies of the broadcasts so they can discuss them with children who visit their offices.

The broadcasts now form part of five excellent school health programs: in New York City; Bridgeport, Connecticut; Atlanta, Georgia; Peoria, Illinois, and Minneapolis, Minnesota. Two state departments of health education have taken up the work of introducing them into the schools of their states.

Any school or school system

may have the printed Tuesday broadcast, free on request, until the number printed is exhausted. Bridgeport, Connecticut, uses them in 300 rooms; Mount Vernon, New York, in 200. Professor Sutton writes that he plans to use them in his excellent health program in Atlanta. New York City is using them in 50 schools. Here is an opportunity for dentists everywhere to get in touch with school superintendents, principals, and teachers.

Individual dentists in any part of the country can help themselves with these broadcasts. They can be obtained in a neat binder, stamped with the dentist's name in gilt, for less than cost. These books form neat, attractive, and interesting reception room table literature, unlike anything else. Where dental assistants have made a practice of calling them to the attention of visitors, increased interest and patronage by patients have resulted.

Newspaper Articles

Summaries of the broadcast stories, shortened and arranged for newspapers, have been prepared and have appeared in a few papers. Outstanding among these is the *Daily Courant*, Hartford, Connecticut.

After nearly a year of effort, the Minneapolis District Dental Society persuaded the Minneap-

olis *Journal* to carry a column once a week on the editorial page. It is now running for the second year. Dentists in that area call the attention of patients to the column and write that the results are pleasing. The Society's name appears in the heading, and it thus gets public attention at least once a week.

A charge was formerly made for the articles, to cover cost, but in the future this will be discontinued. The articles are available to any society or dentist who can get them in a local paper under this writer's name.

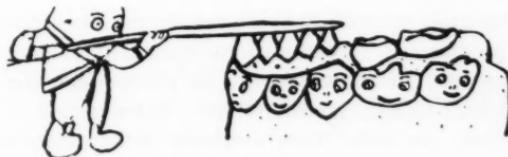
Doctor Mayo was right when he said that the next great step

in preventive medicine should be taken by the dentists. He didn't mean that it should be forced on dentists through Necessity. He meant that we, ourselves, should take it.

No commercial service can approach dentistry's story in interest, importance, and persuasive power. No other form of health service excels its importance in the day-to-day life of the average person. He profits best who serves most. And, of service, education is often the more important part.

EDITOR'S NOTE: The illustrations used with this article were made by boys and girls of Doctor Clapp's radio audience.

222 West Forty-Second Street
New York, New York.



Editorial Comment

GIVE ME THE LIBERTY TO KNOW, TO UTTER, AND TO
ARGUE FREELY ACCORDING TO MY CONSCIENCE
ABOVE ALL LIBERTIES. *John Milton*

AFTER THE DIAGNOSIS, WHAT TREATMENT?

IN 1933, THE American Dental Association authorized a survey to be made in cooperation with the United States Public Health Service to determine the dental needs of school children. The survey was completed and the results published in May, 1936, by the Public Health Service as Bulletin Number 226. This is a 248 page book with careful tabulations, which show that 1,438,318 school children in 26 states were examined by 8000 dentists. The survey indicates that approximately 90 per cent of American school children in the age group from 6 to 14 are in need of dental care. This study represents a large sample and a valid statistical picture of dental needs. It is a fact-finding study.

Facts of this kind are collected, not for themselves alone, but as a basis for a program of correction and treatment of dental conditions. In June, 1934¹, in these columns we propounded the question, "After the Dental Health Survey, What?" The question is still pertinent. Now that we have these dramatic facts expressed for us, what are we going to do about them? Are we going to suggest some program to meet these needs, or are we, as a profession, going to fail to follow through, idly waiting until some other agency, either government or private, develops a program for us?

Some members of the profession are encouraged because certain state health departments are organizing dental divisions and other state health departments are making plans for dental programs under the provisions of the Social Security Act that apply to child health. Such recognition of the public health significance of den-

¹Editorial, After the Dental Health Survey, What? *ORAL HYGIENE* 24:858 (June) 1934.

tistry is encouraging, to be sure. Any educational program is worth while, to be sure. But the thing we cannot lose sight of is that 90 per cent of the American school children have dental disease that is crying for correction. Organizing dental divisions in health departments, educational moving pictures, lectures in hygiene, instruction in dietetics—none of these things nor all of them together can correct a cavity that has already developed in a tooth.

The Cleveland Dental Society has made some effort toward the creation of a realistic program of child dental health. In the Cleveland plan children are roughly divided into three categories:

In the first group are those from families who are economically independent. These children should be examined in the schools and receive the same educational opportunities in health matters as other children, but corrective measures should be instituted in private offices.

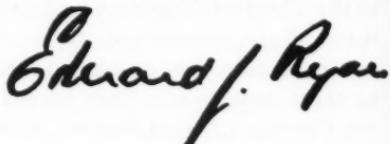
The second group comprises the children of the semi-dependent or the marginal families, who find it extremely difficult to buy dentistry in private practice. These children, under the terms of the Cleveland plan, are to be cared for in private offices at reduced fees by those dentists who have agreed to cooperate in the program of the Cleveland Dental Society. Whenever this type of plan is used, there must be some provision made for investigation of families by social workers to determine the eligibility of such children. In the Cleveland plan this eligibility for treatment at reduced fees is determined by the school principal, the teacher, and the dentist. This arrangement, in the opinion of some men, does not create sufficient safeguards for the dentist.

In the third group are the children in the families of economic dependents. Some of them are children whose parents are on relief or receiving public assistance in some other way. Corrective dentistry for these children is now done after a fashion in school and health department clinics.

Paralleling the change in the philosophy with respect to relief, we find an increasing emphasis on the classification of unemployables. Employable persons are those who are physically and mentally able to work if given an opportunity. They are the ones who have been working on government projects and who we hope will be returned to private employment. The unemployables are those persons who, because of age or illness, are unable to work and must be supported by some form of public assistance. The dental needs of

persons in these two classifications, although biologically much the same, should be considered differently with respect to the extent of treatment given. The employable persons and their families should probably be given a minimum form of dental care with the thought that more permanent and extensive treatment can be given at some future time when the patient can pay for it himself. The unemployables, on the other hand, who will probably never be returned to gainful economic society, should be given a more complete type of care. This idea of differentiating between the dental needs and the method of treatment of employables and unemployables has been recognized by the new program formulated by the Chicago Dental Society at the request of the Chicago Relief Administration.

We are indebted to the American Dental Association and the United States Public Health Service for the complete survey of dental needs among school children. The question arises, "Will these two agencies cooperate again to formulate a program of treatment?"



A. D. A.—COSMOS MERGE

Beginning in January, 1937, the *Dental Cosmos* will be merged with the *Journal of the American Dental Association* and published under the title "Journal of the American Dental Association and The Dental Cosmos."

Doctor C. N. Johnson will serve as the Editor; Doctor L. Pierce Anthony, the Associate Editor of the combined publications.

DEAR ORAL HYGIENE:

"I do not agree with anything you say,
but I will fight to the death for your right
to say it."—VOLTAIRE

Health Insurance

Your editorial **WHAT WILL THE NEXT PRESIDENT DO?**¹ is highly indicative of your position with respect to the health insurance question. You are in a neutral corner. You are a strict observer. You speculate somewhat aloofly as to what Roosevelt, Landon, or Lemke might do when and if elected. That your analysis is fair and unbiased cannot be denied. But it also cannot be denied that the article in question is futile in purpose and will most likely be barren of results.

Of what significance are the candidates' attitudes toward health insurance? Why should we, as members of a healing profession, base our views and our behavior upon the inclinations of one candidate or another? Can't we face conditions as they are without speculating as to the stand of the victorious candidate? Candidates are only incidental, whereas, conditions are fundamental.

Organized dentistry, through her retiring president, stated at the last convention that the profession "is prepared to furnish able and un-

selfish leadership in any plans and efforts that may be made to deal with problems involving dental health." Although the conditions we are confronted with are of a good many years standing, this able "leadership" is not much in evidence and, although the problems of dental and general health are of much longer period, no plan of any merit is yet forthcoming. We stand pat and we watch what the administration is likely to do. In other words, we are expecting pressure from without and not from within. Our social consciousness is dormant and we do not see our responsibility to the public. We play the game of watchful waiting.

It seems to me that if health insurance is of vital concern to the dental profession, as the editor claims that it is, the obvious thing for him to do was to ask the altogether pertinent question: "What does the American Dental Association intend to do with respect to dental health?" Speculating about the next President and his stand on health insurance is unessential compared with our own views on the same issue.—S. P. RATNER, D.D.S., 31-58 Steinway Street, Long Island City, New York.

¹Editorial, **What Will The Next President Do?** *ORAL HYGIENE* 26:1332 (October) 1936.

Confidence Man

I would suggest that dentists beware of the handpiece repair man who enters the office as a confidence man. He begins "Doctor, you remember me—I did some repairs for you last year. Have you any contra angles that need fixing? My rates are much cheaper now. That one needs new gears. I'll take it and have it back here in the morning." This man never shows up.

He is rather tall, with a reddish face, blue eyes, gray hair, about 45. Before leaving with the handpiece he asks you for a loan of 50 cents or \$1.00 for carfare to his place in West Orange Street, Newark, New Jersey, and he names some dentist in your vicinity from whom he expected to collect but found him out.

He took my handpiece and never returned. The other day, 6 weeks later, he turned up at my friend's office. My friend, whom I had informed about him, called me up when he appeared and stalled him off until I rushed in and managed to get another contra-angle as his assurance of delivery of mine in the morning. But evidently he is a chiseler, and obtains both angle and change from dentists and then probably sells the angle to college students. He should be apprehended.

—LLOYD F. FRIEDMAN, D.D.S., 2505 University Avenue, Bronx, New York.

Japanese Competition

Recently, I sent to a mail order dental supply company for two pairs

of forceps, which were just what I wanted. When I received them, to my surprise, they had the word "Japan" on them.

As I purchase nothing but American made dental supplies, I returned them in a hurry. If you wish to publish this, so other dentists may know that Japanese dental instruments are being imported, it will be all right with me.—H. H. KEENE, D.D.S., Susanville, California.

DEAR MR. EDITOR:

This is a letter to yourself from yourself.

Some of your readers have been properly panning you for an illustration that appeared on page 1313 of the October issue. This dental monstrosity shows the handle of an impression tray throat first. You should hasten to explain that this is no newly discovered technique for an enucleation of the tonsils to be accomplished at the same time a dental impression is taken. This novel design, you might add, can be checked off as a bit of wishful thinking on the part of your artist, who has enlarged tonsils, and serious inattention on the part of the editor.

You ought to thank your alert readers who chided you for distorting a dental appliance and hope those who saw the freak had a good ripe laugh unto themselves.

Knowing you as we do, we can't expect you to promise that this won't happen again, but we suggest that at least you do try to keep from looking out the window when passing on art work in the future.—EDWARD J. RYAN, 708 Church Street, Evanston, Illinois.

Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

Vincent's Infection

Q.—Within the last year I have had several young women between the ages of 17 and 19 come to my office with a positive Vincent's infection.

After the routine office treatment and a subsequent check up, the cases seem to clear up. However, in at least two instances, there was a recurrence after six months. The gums become tender and bleed easily and do not respond to the usual treatment, and while the symptoms are not entirely like the original Vincent's infection, the case has the indications of a mild chronic form of this disease.

In each case the patients are in good health and eat a varied diet. Likewise, the teeth in these cases are unusually good and little restorative work has been done. I fear I have not been accurate enough in my description of the cases to expect your best efforts. However, I trust you may give me some advice on this case.—J. C. B., Pennsylvania.

A.—The tendency for Vincent's infection to get into a chronic or sub-acute stage, as some call it, has been noted by a number of writers. Such cases require frequent prophylaxis treatments at the hands of the attending dentist with a certainty of elimination of over-

hanging restoration margins, crown margins, or bad contact points and the relief of occlusal trauma. It is necessary for the patient to give up the use of tobacco or highly spiced foods. The patient's resistance must be built up by a good diet and in some instances by the use of cod liver oil and vitamins B and C. It is recommended that vitamin C should be increased largely through the use of the citrus fruits as well as other fresh fruits and fresh vegetables. The patient should be careful about reinfection and should protect others by refraining from kissing and by thorough sterilization of the silver and dishes used by the patient. With this regime the cases that are cured should remain cured.—GEORGE R. WARNER.

Fistula

Q.—About seven years ago I extracted an abscessed lower right first molar. A few months ago the patient returned and complained of a "gum-boil" on the gums. Upon taking a roentgenogram I found a rarified area about the size of a kidney bean in the area vacated by the extracted molar. I did a flap operation exposing the area and removed a granulomatous mass, and

packed the wound with iodoform gauze. I changed the dressing for a period of about four weeks. Now about a month later I still find an opening through the gums into the operated area.

Would you suggest that I reopen the wound and curette it thoroughly so as to stimulate granulation? Would you advise the use of a germicide in the wound?—B. A. H., Wisconsin.

A.—It is probable that, if you reopen the wound, you will find either a little necrosed bone or spicule of bone or granulomatous tissue, so your suggestion about treatment is correct. It would be all right to irrigate the wound with a mild solution such as warm physiological salt solution.

—GEORGE R. WARNER.

Glossodynbia

Q.—You have answered many times, the question that I am going to ask you, but I think that if my patient has a more personal answer it may help her more.

She is an elderly woman, rather nervous in temperament, for whom I made upper and lower dentures about ten months ago. In a short time she began to complain of a severe burning sensation on the tongue and roof of her mouth, also of a strong salty taste in her mouth. I remade the dentures thinking perhaps the use of a different vulcanite might help, but was not successful in eliminating the burning sensation. I used a dark natural rubber the first time and brown the second.

There is no inflammation in her mouth, so I do not believe it is a case of "rubber sore mouth."—G. M. J., Ohio.

A.—In reply to your letter I would say that you should consider, among possible causes of or factors that contribute to a burning sensation in the mouth,²

nerve pressure by a denture or other mechanical appliance or pressure by the condyle upon the chorda tympani or auriculotemporal nerve or both, because of an abnormal or closed bite; nerve irritation due to the habitual use of some drug or drugs, a residual area of infection in the bone, allergy or protein susceptibility, or the use of too strong mouth washes or dentifrices.

The burning sensation and salty taste could both be due to the same cause. I suggest that you first try opening the bite somewhat with a temporary modeling compound rebasing under either one or both dentures. This can be worn for several days or even several weeks, if necessary, to determine if nerve pressure at the condyles is a factor.—V. C. SMEDLEY.

Discoloration

Q.—Ten days ago a woman, 45, came to me for an extraction of an upper right molar. She reported to me today with a blue and yellowish blotch in the lower bicuspid region on the same side of the face.

At the time of the extraction the face was a little swollen, and I made a nerve block. There were no post-operative effects.

How do you account for this and how long will it take for the blotch to disappear? It seems to have remained the same for the last seven days.—E. G. L., Minnesota.

A.—This discoloration is due to bleeding into the tissues at the time of extraction. It is nothing to be alarmed about and nothing that you could have avoided; it

²Editorial, DENTAL DIGEST 42:275 (August) 1936.

just happens occasionally. It will disappear as soon as the system absorbs the blood clot which sometimes takes two or three weeks.—V. C. SMEDLEY.

Corrective Diet

Q.—I wish you would let me know what, in your opinion, would cause an accumulation of mucus under and around the periphery of a full upper denture?

I have a patient, a woman, 50, who complains of this accumulation of mucus. She has been wearing this denture about six months. I have heard of similar cases but have never had one myself. I hope you will be able to suggest a remedy.—P. P. D., Iowa.

A.—If the mucus you mention is a thick, viscid, stringy saliva, this can be corrected through the diet. If your patient will cut out all sweet and starchy foods, eating instead non-starchy vegetables and fruits, the condition of her saliva should be entirely corrected in a few days. Afterward, she can take some starchy food, but she should gauge the amount by the condition of the saliva.—V. C. SMEDLEY.

Cellulitis

Q.—After the usual routine of blocking the mandibular nerve, I extracted the second and third lower molars on the right side for a man between the ages of 55 and 60. Twelve to fifteen hours later the patient noticed that the jaws would not completely open. The teeth were extracted a month ago and to date the condition is no better, although I have had him using hot packs along with massage since he first returned to me a week following the extraction.

We are both much concerned over

this condition. Could you advise some method of treatment and suggest what the cause of this condition is? This is the second such case that I have had in the past two months; the condition in the first case became satisfactory after three weeks, but in the case of the older man it does not seem a bit better.—C. R. P., Ohio.

A.—It would seem that the patient is having the complications of a periarticular cellulitis. You are using the right treatment and it is my belief that you will soon notice a marked improvement. Of course, there is always the possibility, in these cases of cellulitis, of the tissue breaking down and an abscess forming, so if you will keep that in mind and look for any such condition in the interior of the mouth, your present treatment will be correct. If you see any marked swelling on the inside of the ramus or further back in the throat, you will have to resort to surgical treatment.—GEORGE R. WARNER.

Pain in Jaw

Q.—Recently I was called in to see a patient who has a sharp pain on the left side of the mandible just anterior to the ascending ramus. This pain is intensified by either hot or cold water. The patient is 74, has had all her teeth out for ten months, and has never had dentures. Roentgenograms do not show any abnormality.

The tissues look firm but, when the slightest pressure is exerted just lingual to the crest of the ridge and distal to where the third molar should be, the pain is severe.—E. A. H., Ohio.

A.—The case presented might

be clarified by the examination of intra-oral roentgenograms. It rather sounds as though the bone had resorbed to the point of exposing the inferior dental nerve. However, I am not certain about this and I would rather have you send me good intra-oral roentgenograms covering this region thoroughly and let me interpret them before saying anything further about it.—
GEORGE R. WARNER.

Fissures in Tongue

Q.—I received your letter in reply to my inquiry regarding a lip annoyance with a suspected malignancy. I am thankful for your opinion, and I am sure that my patient has been relieved of his worry.

At the present time, I have a patient whose tongue is annoying him. The tongue has a heavy gray coating with rather raw looking fissures. In the morning there is more tenderness, accompanied by a sensation of dryness. At all times this patient has a foul breath. On the advice of his physician he discontinued the use of chewing and smoking tobacco, and found just temporary relief. There appears to be no localized irritation. The patient is not aware of any digestive abnormality.—P. R. C., Michigan.

A.—Fissures in the tongue are usually anatomic; that is to say, they are peculiar to the tongue of that individual and do not indicate anything pathologic. A coated tongue does not necessarily indicate gastro-intestinal tract trouble, but sometimes a coated tongue in connection with a bad breath is indicative of a

lack of hydrochloric acid in the stomach. Sometimes such conditions are due to the use of too much tobacco and alcohol, so your patient is doing the right thing in discontinuing tobacco. Sometimes too much starch in the diet will result in a coated tongue and bad breath; therefore, it would be wise to look into the matter of the balance of this patient's diet with the idea of increasing fresh fruit and vegetable intake.—GEORGE R. WARNER.

Purifying Mercury

Q.—Please advise me through ORAL HYGIENE as to how I can purify or redistill used or contaminated mercury. The mercury we pour out when making laboratory dies, and so on, accumulates into quite a quantity.

Is there any way of purifying that same impure mercury at home, without resorting to any special chemical process?—J. E., New York.

A.—It is probably not practical nor advisable for a dentist to distill small quantities of mercury for his own use. A heavy iron retort is preferable for this purpose, although an ordinary glass water still could be used. Mercury to be used in dental amalgam should be redistilled two or three times and washed through an acid bath to remove all oxidation and impurities. The fumes are poisonous, so great care should be exercised that none of the vapor escapes into the air to be inhaled later.—
V. C. SMEDLEY.

DENTAL COMPASS



Doctor Dorrance Honored

In recognition of his distinguished service in surgery, Doctor George Morris Dorrance has recently been awarded the Poor Richard Medal of Achievement. When announcement of the selection was made by the Poor Richard Club of Philadelphia, both dentists and physicians were gratified.

Dentists recalled that Doctor Dorrance had originated the unique push back method of operating on cleft palates, which has made it possible to restore to thousands of persons the ability to speak. For this service he was presented with the Alvarengo Medal by the College of Philadelphia Physicians.

During the World War Doctor Dorrance was a Major in the United States Medical Corps and transformed the shell torn faces of hundreds of soldiers through the use of plastic surgery. This skilful surgeon is now professor of maxillo-facial surgery at the Thomas Evans Dental Institute of the University of Pennsylvania, and chief-surgeon of the American Oncologic Hospital, Philadelphia's nationally known Cancer Control Centre.

Courses For Dental Teachers

With a view to training dental

instructors more effectively, New York University has inaugurated a new group of courses which will provide formal training for dental teachers leading toward higher degrees. This is a new departure in dental education designed to prepare students for positions as teachers in dental schools, improve instruction by teachers already in service, and stimulate dental educational research.

The opening lecture in the courses was given by Doctor Alfred J. Asgis, assistant professor of oral surgery. He spoke before the class in the Principles and Problems of Dental Education. Doctor Asgis will also offer a course in methods of teaching in dental education. Practice teaching courses will be given by Doctor Leo Winter in oral surgery; Doctor Merrill G. Swenson in prosthetic dentistry; and Doctor Finn J. Bronner in operative dentistry. In addition to these courses special lectures will be presented from time to time by other distinguished dentists and physicians.

It has been suggested that this formal training of dental teachers may serve as a precedent for the instruction of teachers in the professions of medicine, law, engineering, and architecture.



"Three hair nets, please."
"What strength?"
"Two dances and a car ride."

"Now," said the teacher,
"which boy can name five
things that contain milk?"

"I can!" shouted a freckle-faced youngster. "Butter an' cheese an' ice cream an' two cows."

New Guest (at summer resort hotel): "Dull here?"

Old Guest: "Dull! Why, I almost wish that I had brought my wife."

"There I was, forced down on a desert island with a lovely blonde."

"What did you do for food?"
"Darned if I can remember."

Mrs. Smythe-Browne was making the final arrangements for her elaborate reception:

Mrs. Smythe-Browne (to her old servant): "Bridget, for the first thirty minutes after six o'clock I want you to stand at the drawing room door and call the guests' names as they arrive."

Bridget (her face lighting up): "Very well, ma'am. I've been wantin' to do that to some of your friends for years."

○
"Your dress is too short."
"I don't think so."

"Then you must be in it too far."

Pat and Mike were detailed for scout duty overseas. The commanding officer ordered them to conceal themselves in a cow's hide and pretend to graze over toward the German trenches. Pat was given the front legs and Mike the hind legs.

All went well until Pat received a prod from his buddy. "Come on, let's get out of here," hissed Mike.

"What's the matter?" queried Pat.

"Matter?" snorted Mike. "Here comes a German with a milk pail."

○
Sister's Beau: "You didn't expect to see me tonight, did you?"

Sister's Little Brother: "No. And neither did my sister. She didn't put your picture on the piano until after you rang the doorbell."

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Realizing the importance of Dr. Jenkins' discovery to the advancement of oral hygiene, dental and medical authorities, both in Europe and the United States, investigated the Kolynos formula and found that the claims made by Dr. Jenkins were true. Among the many eminent scientists and authorities who have recognized the outstanding merits of Kolynos are:

PROFESSORS JOHN C. THRESH and J. F. BEALE, of the College of Medicine, London Hospital.

PROFESSOR LOEFFLER, Gen. Medicinalrat, of the University of Greifswald, Germany, discoverer of the diphtheria germ.

DR. E. WALTER, Director of the Hygienic Institute, University of Greifswald.

W. PARKER HARRISON, M.R.C.S., L.R.C.P., L.D.S., of Brighton, England.

PROFESSORS J. MORELLI and A. E. JULIA, Montevideo.

INSTITUTE OF HYGIENE, London, England.

THE LANCET.

THE BRITISH MEDICAL JOURNAL: "According to the reports of experts which are supplied, the results of bacteriological tests made in this and other countries with organisms of the mouth and throat show that the combination of antiseptics used in Kolynos gives it a highly germicidal power. It is a very pleasant and refreshing preparation in use."

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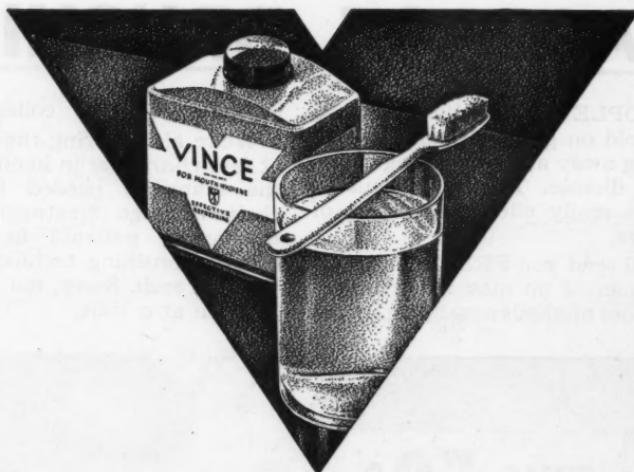
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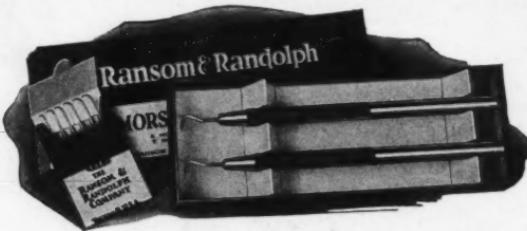
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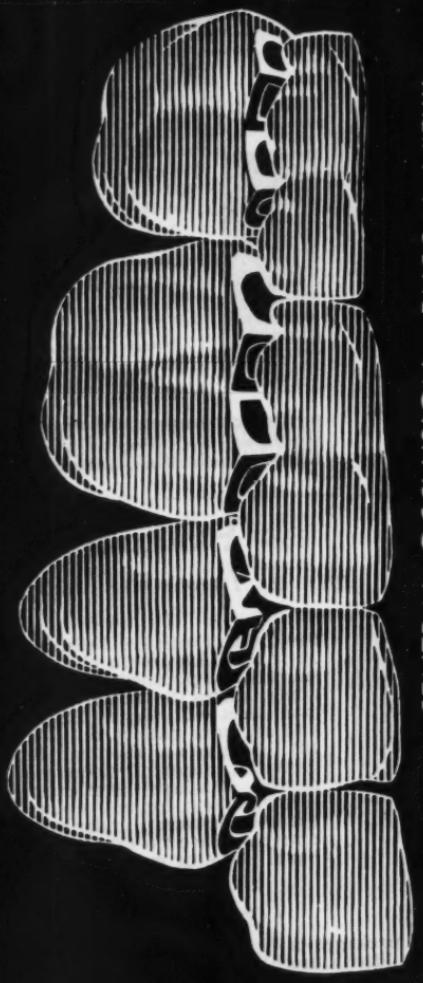
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The reference standard is a solution of pure beta-carotene in an inert oil, of such concentration that one gram of solution contains 300 micrograms (0.300 mg.) of beta-carotene. The International Unit, or I.U., of vitamin A is the vitamin A activity of 2 mg. of this standard solution, or 0.6 micrograms of beta-carotene.

Vitamin B₁

The reference standard is the concentrate produced from rice polishings, by a specified adsorption method, in the Medical Laboratory of Batavia (Java). The International Unit for vitamin B₁ is the vitamin B₁ activity of 10 mg. of this standard adsorption product.

Vitamin C

The standard of reference for vitamin C is a specified sample of pure levocitamic acid (levo-ascorbic acid). The International Unit for vitamin C is the vitamin C activity of 0.05 mg. of this standard.

Vitamin D

The reference standard for vitamin D is a solution of irradiated ergosterol, prepared under specified conditions at the National Institute for Medical Research (London). The International Unit for vitamin D is the vitamin D activity of 1.0 mg. of this standard solution.

These International Units for expressing vitamin contents have been specified in the most recent Pharmacopoeia of the United States (2) as well as by the Council on Pharmacy and Chemistry (3) and the Council on Foods of the American Medical Association (3), and provision has been made for distribution of the standards in this country (4).

These units have been used to express vitamin potencies in recent studies on canned foods, the results of which further emphasize the fact that these foods rank among the most important sources of the vitamins essential in human nutrition (5), (6), (7).

AMERICAN CAN COMPANY

230 Park Avenue, New York City

(1) 1935. Nutrition Abstracts and Reviews 4, 709.

(2) The Pharmacopoeia of the United States of America, Eleventh Decennial Revision, p. 261.

(3) 1936. Report of the Council, J. Amer. Med. Assoc. 106, 1733.

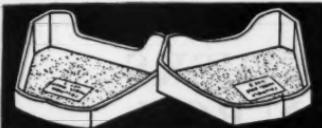
(4) 1935. J. Assoc. Official Agr. Chem. 18, 610.

(5) 1935. J. Home Econ. 27, 658.

(6) 1936. Food Research 1, 223.

(7) 1935. J. Nutrition 9, 667.

This is the nineteenth in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. What phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. Address a post card to the American Can Company, New York, N. Y.



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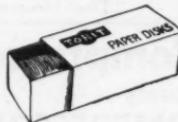
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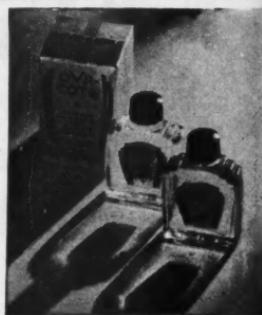
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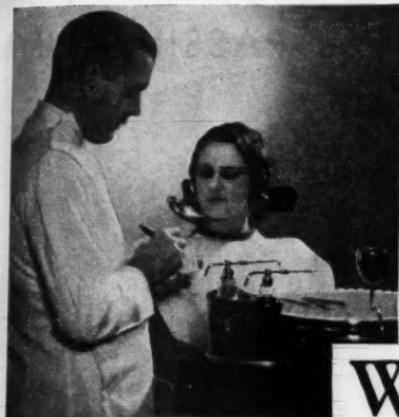
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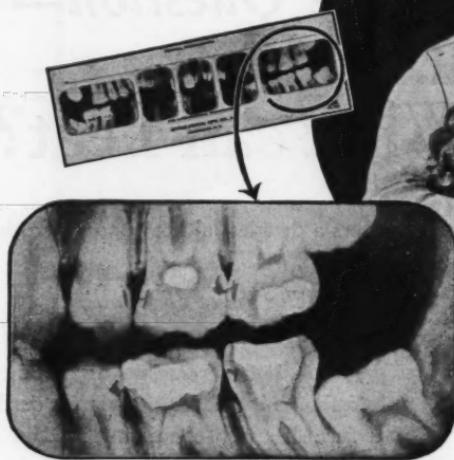
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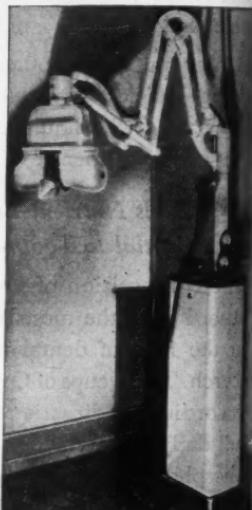
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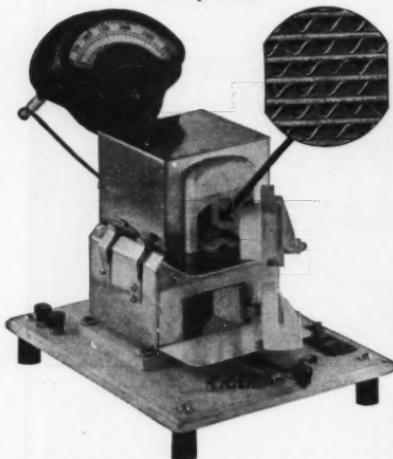
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Send your patients to the drug store for Campho-Phenique after extractions. In 1, 2, and 4 ounce bottles.

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"Super Absorbent"
COTTON ROLLS

- MORE FLEXIBLE *Better*
- MORE PLIABLE
- MORE ABSORBENT
- WILL NOT STICK *4 Ways*

• Helical wound makes a softer, more comfortable, easier to handle roll

DENTAL ABSORBENTS CO.
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Why

more and more
 Dentists
 are specifying

BROWN PROXIMAL CONTACT ATTACHMENTS

The "Built-in" Proximal Contact automatically assures a perfect proximal contact between bridge and abutment. That means:
 No lateral movement in the bridge
 Less stress on abutments
 No lateral stress on attachments
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 Less need for adjustment
 In short—
 a better, trouble-free bridge
 Use Brown Proximal Contact Attachments on your next case. You and your patient will be better satisfied.

Write for Literature and Size Guide

Columbia Dental & X-Ray Corp.
 131 East 23rd Street New York, N.Y.
Headquarters also for Dental Models

NEXT-DAY
Interviews
WITH PATIENTS
ON WHOM
Novol
WAS USED



This comment is typical of reports from hundreds of patients we interviewed with a view toward finding out—from those vitally concerned—whether Novol does cause absolute elimination of pain during the operative procedure and complete comfort afterwards.

Just as your responsibility to your patients doesn't end when your outer door closes after them, ours is not terminated when Novol Anesthetic leaves our modern laboratories, completely equipped with every safeguard. Novol Anesthetic Solution does, of course, produce profound, deep anesthesia. But more . . . it minimizes after-pain and eliminates the distressing fullness and nervous debility that often result from the use of highly acid local anesthetics. Novamps and Anestubes come to you always fresh, always potent, because they are VACUUM PACKED.



"Having a tooth out with a local is nothing at all. And I didn't feel the least bit uncomfortable after as I used to with gas."

Louise Bachman

Miss Louise Bachman, 7236 Radbourne Road, Stonehurst, Pa. Patient of Dr. J. Balk, 406 Long Lane, Upper Darby, Pa. Lower molar removed July 16, 1936. Patient interviewed July 17, 1936.



"The anesthetic worked like magic. No trouble at all since."

Fred Nelson

Mr. Fred Nelson, 3139 No. Oakley Ave., Chicago, Ill. Patient of Dr. A. D. Lehman, 625 West Diversey Parkway, Chicago, Ill. Upper molars extracted July 26, 1936. Patient interviewed July 27, 1936.



PACKED in VACUUM

Metal Cap
ANESTUBES and NOVAMPULS
must BE FRESH! . . .

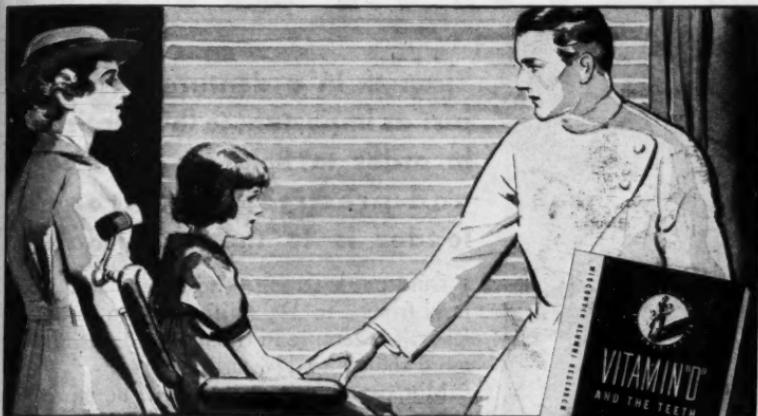
Freshness! Sealed in potency and efficacy! Since the adoption of Vacuum Packing for Metal Cap Anestubes and Novamps, users tell us they notice the difference. Anesthesia is more profound and recovery more rapid.

Without vacuum packing, no local anesthetic cartridge can possibly remain fresh. Air seeps through the rubber plunger into the solution causing oxidation and consequent loss of anesthetic potency.

Use FRESH local anesthetic cartridges—Metal Cap Anestubes or Novamps—on YOUR patients.

NOVOCOL CHEMICAL MANUFACTURING CO., Inc.
2921-23 ATLANTIC AVENUE, BROOKLYN, NEW YORK
San Francisco, Calif. : Toronto, Canada : London, England

"HOW DOES VITAMIN D HELP BUILD AND PROTECT STRONG, EVEN TEETH, MR. DENTIST?"



FREE...A RECENT BOOK PACKED WITH INFORMATION ON VITAMIN D . . .

Here is a book that will not only increase your own fund of knowledge on Vitamin D and the Teeth—a most vitally important development in modern dentistry—but that will interest and stimulate from the first page to the last. Briefed from scientific papers by recognized authorities, it presents pungent and illuminating comment and facts on subjects of such far-reaching importance as Vitamin D in tooth building, nourishment and protection; its importance in preventing caries; its scarcity in foods—all matters of vital interest to every dentist. Surely an attractive and worth-while contribution to any reference shelf! Send for your free copy of "Vitamin 'D' and the Teeth" today!

Dependable sources of Vitamin D effect under the Steenbock Irradiation Process include:

Violsterol and Violsterol products produced under the Steenbock patents by Abbott, Mead Johnson, Parke-Davis, Squibb, and Winthrop.

Irradiated Evaporated Milk is available in every part of the United States and Canada and in many other countries.

Irradiated Vitamin D fluid milk—now available in most large and many smaller cities.

Metabolized Vitamin D fluid milk available in nearly 300 cities.

Other Vitamin-D-enriched foods include: Cocomalt; Dryco Powdered Milk; Fleischmann's Irradiated Yeast; Ovaltine; Quaker Farina, Muffets Whole Wheat Biscuits, and Quaker and Mother's Rolled Oats; Sunited Flour.

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*A corporation not for private profit . . . founded in 1925 . . . to accept and administer, voluntarily assigned patents and patentable scientific discoveries developed at the University of Wisconsin. By continuous biological assays, the public and professional confidence in accurately standardized Vitamin D is maintained. All net avails above operating costs are dedicated to scientific research.



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DURATONE



Strength in a denture base is just as important to the dentist, in order to hold his practice and prestige, as a strong leader is to the fisherman

- Duratone is strong—showing in actual tests from 3 to $3\frac{1}{2}$ millimeters in resiliency. (A denture in the mouth needs no more than 1 to $1\frac{1}{2}$ millimeters.)

Moreover, your patients will be more than pleased with the natural appearance and mouth comfort provided by Duratone. So like human gum tissue is Duratone that patients will show no aversion to artificial teeth when these become necessary for the sake of better health.

Durable Built-in Color

In addition to strength, natural appearance and mouth comfort, Duratone has durable built-in color. Before being offered to the dental profession, Duratone was mouth tested for color durability in a number of practical cases for over a year. There was no change in color. Your DEALER carries Duratone—your LABORATORY makes Duratone dentures.

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Please send complete details about DURATONE.

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Novel Manufacturer Support for Prosthodontists
"MOUTH TISSUES CHANGE . . .
SEE YOUR DENTIST"

The slogan above is the central theme of FASSTEETH advertising now appearing in magazines of widespread influence.

**Note Mouth
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FALSE TEETH

Wear Them With Comfort
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 Age or illness make the flesh of the face waste
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 Daily when plates rock, slide, drop down, cause
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 teeth embarrassments, you have a real friend in
 FASSTEETH, the new, alkaline
 powder. Holds artificial teeth tight
 24 hours. No gummy, pasty taste. Get
 FASSTEETH at any drug store.



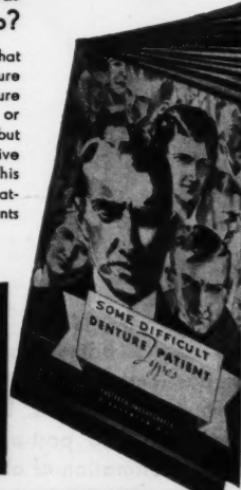
**If You Could Change Places With Your
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It is no reflection on any prosthodontist's skill to point out that there are many good reasons for starting a new denture wearer off with FASSTEETH. This new, improved alkaline denture powder provides stability and security, and it won't liquefy or seep out from under the denture. FASSTEETH, with its mild but persistent alkaline reaction, forms a snug, steadfast and effective buffer between hard plate and soft-unaccustomed tissue. This promotes comfort and helps in the quick attainment of that naturalness of appearance and feeling which you wish your patients to have.

FREE Booklet, Useful to Show Patients

FASSTEETH

The ALKALINE Denture Powder



FASSTEETH, Inc., Binghamton, N. Y.
 Gentlemen:

12-35

**Tear this out and
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Yes—please send me copy of "Some Difficult Denture Patient Types."
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Both local and general anaesthetics tend to lower the alkali reserves of your dental patients. BiSoDol constitutes an ideal pre- and post-anaesthesia medication for the restoration of alkaline balance.

Samples available to the profession on request

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NOW IN TWO FORMS:
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Hexylresorcinol Solution S. T. 37



HEXYLRESORCINOL Solution is actively germicidal, yet non-irritating and non-toxic. It is non-corrosive and will not attack the heavy metals. It is therefore of value in the dental field for routine use in the office and is a safe, general antiseptic for you to recommend for the hygienic care of the mouth in the home treatment of the patient.

The dentist will find Hexylresorcinol Solu-

tion of especial value as an adjunct before and after operations in the dental zone. Following extractions it will be found soothing as a routine application to the gums and socket.

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Hexylresorcinol Solution (Liquor Hexylresorcinolis 1:1000, S & D) is supplied in convenient 5-ounce and 12-ounce bottles.



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TRAUN'S NEW TOUGH PINK

No. 40 is the perfected "Full Pink Denture" Rubber

You well know the advantages of a properly processed vulcanite case. Toughness, durability and lasting satisfaction are characteristic of dentures made of Traun's dental rubbers.

Now these same advantages, this same assurance of successful denture performance, are combined with beautiful life-like color. Made with *Traun's New Tough Pink* your cases will have the pleasing lifelike appearance of natural gums, and will still retain all the fine dependable characteristics of strong base rubber. This new product brings a new advantage to the field of vulcanite dentures.

Traun's New Tough Pink is the solution to the old denture problem—the search for assured denture service combined with pleasing natural appearance. There is no difficulty in handling the material. The technic is the same as that followed in making any vulcanite case. In fact it is simplified. *You have only one rubber to work with instead of two*, and it is light in weight. You can produce featherweight dentures with this new rubber, comfortable for the patient.

You will want to know more about this new vulcanite. The product itself can demonstrate its advantages much more convincingly than anything we can tell you. Return the coupon for a trial packet or order a trial package from your dealer. Try it on your next case.

Subsidiary to Traun Rubber Co.,
239 Fourth Avenue
New York City.

Enclosed is \$1.00. Please send me a trial package of *Traun's New Tough Pink* No. 40.

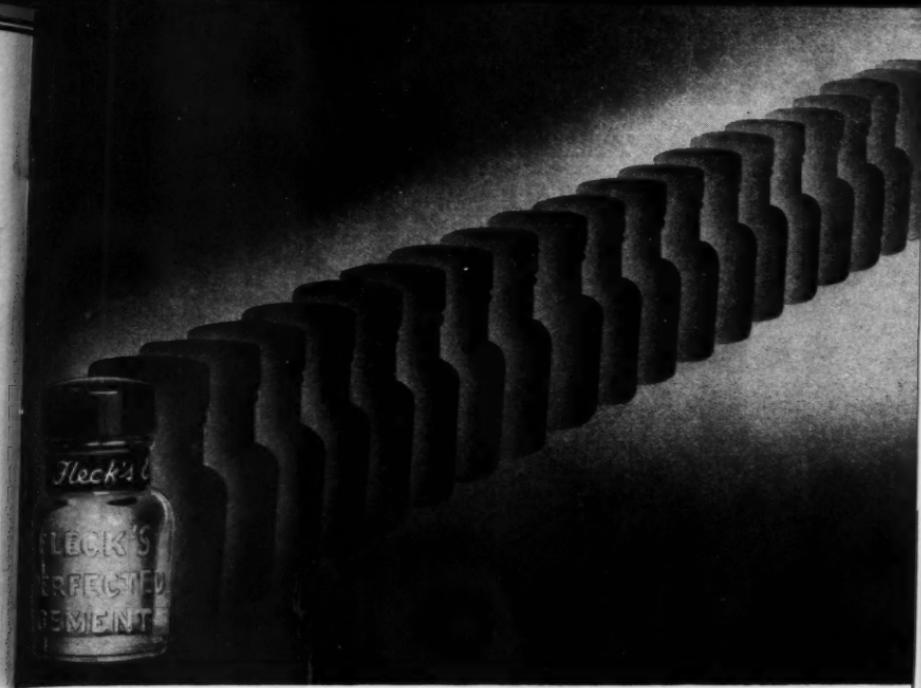
Dr. _____

Address _____

City _____

State _____

Dealer _____



uniformity

Constant control tests guarantee uniformity of chemical and physical properties of Fleck's Cement in all colors, in accord with A.D.A. Specification No. 8. Our laboratory tests record 11,000 lbs. per sq. in. within half hour after mix, securing cementation when patient is dismissed.

The extraordinary plasticity of FLECK'S Cement in a mix of greatest density permits seating of finest work in inlay, crown and bridge cementations. Fleck's Production Control Tests indicate average film thickness of 14 microns. The high degree of density possible in a FLECK'S mix is significant in the application of cement as a filling or cavity lining.

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Do You Want to Clean Alloy Castings Instantly?

TICONIUM, VITALLIUM, and other Materials

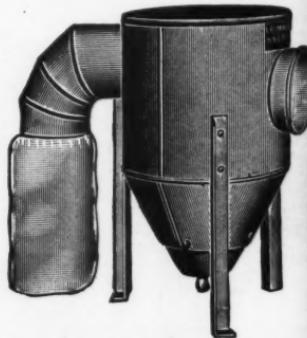
USE Leiman Bros.
PATENTED
CONTINUOUS FEED

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Complete with Air Pressure Supply

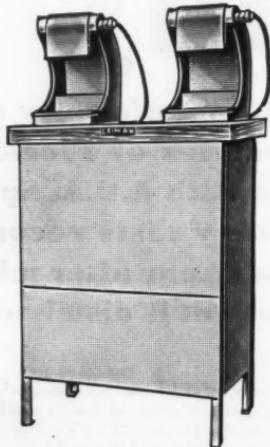
A Small Compact Machine
to set on bench—

*Used and Endorsed by
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Do You Want to Breathe



Floor Space 18 x 29 Inches

PNEUMONIA, TUBERCULOSIS

and kindred diseases with your
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Avoid it by using

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M.O.D.
MODULAY
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\$1.80 per dwt.
and it meets A.D.A.
Specification No. 5
for Type B, Medium
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Built by Motor Specialists

Heavy duty, ball-bearing motor; $\frac{1}{4}$ h.p. 1 speed. Special type chuck remover. Accommodates standard dental chucks. 1-YEAR GUARANTEE.

Prices, without chucks, \$25

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DENTAL ORAL SURGERY—The book for the general practitioner and the man who specializes. Price, \$10. Order from The Dental Digest, 1005 Liberty Ave., Pittsburgh, Pa.

WHY GAMBLE?

Smith's Cement—certified to surpass all A. D. A. specifications will help insure the success of your efforts. You can use Smith's Cement for every dental cementing operation and have the advantage of germicidal action without discoloration. It may be obtained from your regular dental dealer.

LEE S. SMITH & SON MANUFACTURING CO.
7325 Penn Avenue, Pittsburgh, Pa.

You spend hours of your time in preparing the tooth.

Yet the use of an inferior cement can ruin all of your careful preparation.

Smith's Cement—certified to surpass all A. D. A. specifications will help insure the success of your efforts.

You can use Smith's Cement for every dental cementing operation and have the advantage of germicidal action without discoloration. It may be obtained from your regular dental dealer.

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FLEX, JR.

A flexible cotton roll so easily adapted to the curves of the Dental Arch that a single long piece can be used for lowers, as illustrated. A six inch length of FLEX, JR. used for lowers, has the absorbent capacity of four $1\frac{1}{2}$ inch rolls. Frequent changing of rolls is therefore eliminated.

Our efficient glass Dispenser holds 240 inches of FLEY, JR. Reloads, 240 inches each, are easily inserted and most economical to use.

ORDER THRU YOUR DEALER

Dispenser filled with 240 inches FLEX, JR.	\$1.00
Pkg. 6 Reloads, 240 inches each	1.85
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VIBRO DENTAL PRODUCTS, INC.

214 S. 12th Street

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DENTAL REVELATIONS



SINCE 1925
\$115,235.70 HAS BEEN
PAID OUT TO NEEDY
DENTISTS FROM THE
FUND CREATED BY YOU
AND OTHERS WHO HAVE
PURCHASED AMERICAN
DENTAL ASSOCIATION
RELIEF FUND XMAS
SEALS. AT PRESENT THERE ARE
27 RECEIVING THIS AID.

DON'T BUY
CO-ORAL-ITE
IMPRESSION MATERIAL
THIS MONTH
UNTIL AFTER YOU HAVE PURCHASED
RELIEF FUND SEALS

ASK YOUR DEALER FOR IT
 The Co-ORAL-ITE Dental Manufacturing Co.,
 SANTA MONICA, CALIFORNIA

HUM NAIL BITING and THUMB SUCKING

TRADE MARK

Thumb sucking causes crooked teeth, high vault, and deviated nasal septum which results in inflammation of the nose, throat, middle ear, and often partial deafness.

Recommend HUM for cases you come in contact with. It contains no harmful ingredients and children cannot possibly remove from fingers.

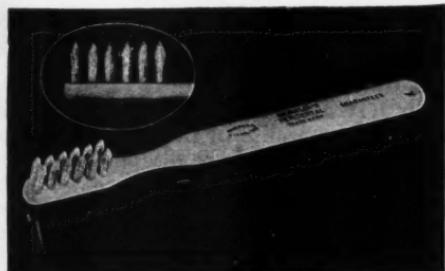
The price is only \$1.00 per bottle and is obtainable through your dental dealer.

NUM SPECIALTY CO.

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One Only Dr. Butler
Brush for your own
Personal Use

Sent for only the cost of pack-
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today! . . . use coupon . . .
indicate bristle please.

Imitations swamp the market! But Butler Brushes con-
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brushes exclusively?

JOHN O. BUTLER COMPANY O-H-12-36

7359 Cottage Grove Ave., Chicago, Ill.

Enclosed find \$.20 for one brush.

() Medium Bleached () Hard Bleached () Extra
Hard Bleached () Hard Unbleached () Extra Hard
Unbleached () Junior (Child's Brush)

Dr.

Address

City and State



NEO DENT-COAGULANT UNIT

Another achievement of Dr. Ewing P. Brady of the Washington University, originator of Neo-Balsam Compound, Neo-Capper, Neo-Silicate, etc.

No more suffering from thermal changes under gold or jacket crowns or large inlays.

No more sensitive dentine such as acid eroded teeth; sensitive gingival margin areas; sensitive exposed pyorrhoid roots or under metal clasps.

No more cavities left unsterilized permitting capillarity or recurrent decay.

These disorders can now be treated successfully and permanently with **NEO DENT-COAGULANT UNIT** which first sterilizes then coagulates the treated area with a coagulum so complete and dense that it functions similar to the enamel. That is, it protects the pulp from all irritation. The coagulum thus formed is not affected by the saliva or body fluids. It is impervious to the acids of the cements, bacterial or thermal changes. In fact, even methylene-blue can not penetrate it.

Further, it prevents capillarity or recurrent decay. It is self-limited and does not discolor. It is quickly applied, fully absorbed with no excess to remove leaving the tooth ready for permanent work. It is an essential treatment under silicate fillings, inlays, gold or jacket crowns and all metal clasps.

Neo Dent-Coagulant Unit is an insurance against complaints that react unfavorably. Order this insurance today.

Price per Unit \$2.00

Manufactured by

A. A. BROWN DENTAL MFG. CO. St. Louis, Mo., U. S. A.

For Sale by all First Class Dealers

For immediate delivery send this coupon to your nearest dealer.

Dealer's name City

Send: 1 Neo Dent-Coagulant Unit price \$2.00
with the understanding, money refunded if not satisfactory.

Dr. Address

City State

NOTE NEW LOWER PRICES on MASSEL platinum crowns

they are most economical to use

Due to a fluctuating market on the value of platinum the prices change almost daily. However, for a limited time we can offer MASSEL'S PURE PLATINUM CROWNS at the new low prices mentioned below. Be sure to take advantage of this opportunity.

MASSEL'S PURE PLATINUM CROWNS are most economical to use—and very much preferred by patients because of their strength and desirable color. Try them at this time—you won't be disappointed; the patient will be pleased.

New Prices

All Crowns B	\$2.30
All Crowns C	2.90
All Crowns D	3.50
All Crowns E	4.10
All Crowns F	4.70
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Ask your dealer for Complete Catalog
CROWNS - CUSPS - SPECIALTIES



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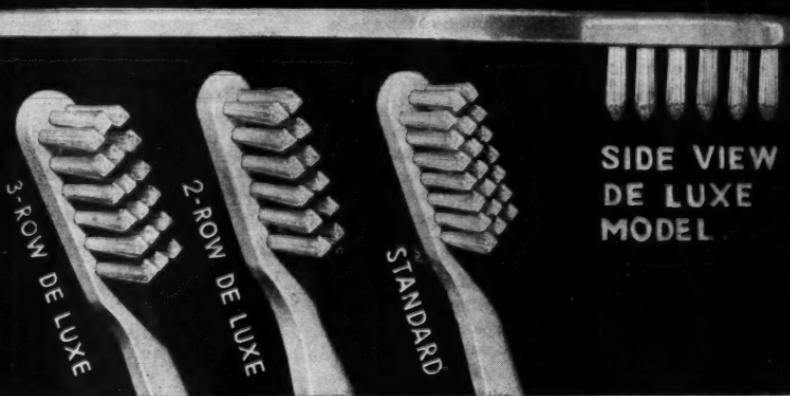
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RENEW
TOOTHBRUSH
FREQUENTLY



TAKAMINE

...MAKES THIS
POSSIBLE FOR
EVERY PATIENT



TAKAMINE Toothbrushes make frequent renewal practical for every patient because TAKAMINES are sold at a price every patient can afford to pay. There are three correct TAKAMINE Massage-brushing models for your prescription. Highest quality bristles properly cut for interdental brushing and massaging and scientifically spaced and tufted in small head to reach ALL tooth and gum surfaces. No other excellent brush, however expensive, will outlast TAKAMINE.

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Enclosed remittance to cover my order forTAKAMINE Toothbrushes as checked below.

....STANDARD @ 7c each

....2 ROW-INTERDENTAL @ 10c each

....3-ROW INTERDENTAL @ 9c each

Name D.D.S.

Address



DR. SMITH IS *my* DENTIST . . .

• What is there about such a remark made by one of your patients that brings you such satisfaction and pride? Is it that it is an expression of your patient's appreciation of the excellence of your services? An unconscious tribute to your handling of your patients?

Undoubtedly it is a combination of both . . . but you know that there are other factors that contribute toward such expressions of confidence. Your skillful handling of the materials at your disposal and the judicious selection of these materials can often prove an indispensable aid in improving your services.

Local Anesthesia is often one of the most useful procedures in a successful practice, and the selection of the proper anesthetic one of the most important factors in the successful use of local anesthesia. That is why Anesthetic Solutions (Cook) hold such an indispensable place in thousands of successful dental practices.

TWO ANESTHETICS

Novocain with Cobefrin

Observations by

Dentists Who
Conducted Preliminary
Clinical Work with the
"Alkalinizing
Cartridge System"

"A revelation in the method
of obtaining fresh alkaline
solutions" . . .

"The mechanics of the alka-
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perfect" . . .

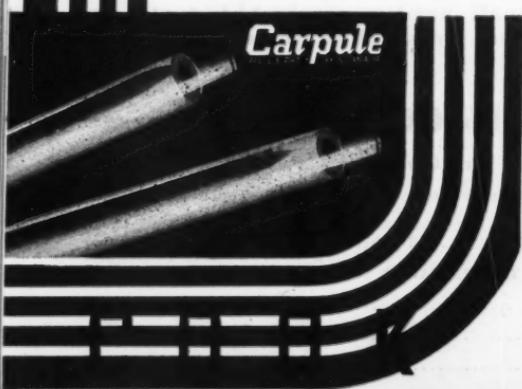
"It has been a pleasure to
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"The new method is simple
and should meet hearty ap-
proval" . . .

"The System is smooth. It re-
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great length of time" . . .

"A very good job in equip-
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venient means of handling
and administrating an al-
kalized Novocain-Cobefrin
Solution" . . .

"I hope that it will not be
long before it is placed upon
the market" . . .



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"ALK
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WO DISTINCTIVE TIC SOLUTIONS

befrin available in either . . .



HE HAS
performed THOUSANDS
OF OPERATIONS . . .

"Where can I obtain this new solution until it is placed upon the market?"

• • •

These are comments by clinicians who have used the Alkalinizing Cartridge System. Some of these men use Anesthetic Solutions (Cook). Others have used anesthetic solutions (R. B. Waite). They are unanimous in their praise of Novocain with Cobefrin, available in both formulas, and of the new means available of alkalinizing this solution.

•

Cook Laboratories, Inc.
The Antidolor Mfg. Co., Inc.

170 VARICK STREET
NEW YORK, N. Y.

Laboratories:
Rensselaer & Springville, N. Y.

• Here is the case of a busy oral surgeon. He has performed thousands of operations ranging from simple extractions to the most difficult oral surgery. He enjoys the confidence of his neighboring practitioners and the respect of his patients . . . both built up through years of experience and excellent service.

Throughout these years he has more and more realized the importance played by his use of local anesthesia in his practice. He has kept himself abreast of new developments in technique and anesthetic solutions.

Throughout these years he has used anesthetic solutions (R. B. Waite) and has seen many improvements made in these solutions but . . . he still bases his approval on the distinctive characteristics upon which he made his original selection.

* If you are not familiar with the characteristics of anesthetic solutions (R. B. Waite) that render them different from solutions using a saline base, we invite your inquiry.

NOVOCAIN, Reg. U. S. Pat. Off., Winthrop Chemical Company, Inc. Brand of Procaine HCl.

COBEFRIN, Reg. U. S. Pat. Off., Winthrop Chemical Company, Inc., Brand of Nordefrin.

"ALKALINIZING CARTRIDGE SYSTEM" U.S. & Canadian Patents Applied For.



A FLASK COMPRESS

..... *which has Everything*

Here is a flask compress which has everything an appliance of this kind should have. It is a one piece casting of bronze, with extra thick side members and a top so heavy that it cannot possibly bend under pressure and cause binding of the screw. The floating top plate is a solid casting $\frac{3}{16}$ " thick, designed to cover the entire top of the flask.

The center screw is cut from 1" brass rod and has a heavy "V" shaped thread, thus combining strength and easy running qualities.

Springs, which will exert pressure up to 300 pounds, are placed at the bottom to raise the flasks above the water-line and permit curing of denture materials in steam only.

There is ample room for two large No. 22-C Tench-Donham flasks or two No. 28 resin flasks.

The serviceable handle and wrench provide means for holding and closing the compress with comfort to the hands.

In view of these advantages we are sure you will want to see this new compress before placing your order for prosthetic equipment. We suggest that you ask your dental dealer to show it to you.

The price is \$5.75 complete.

BUFFALO DENTAL Mfg Co.

Kehr and Urban Sts. Buffalo, N. Y.



FREE

with Coupon —

CAN YOU think of anything costing so little that can mean as much in gaining and holding the respect of your patients? Dixie-Vortex manufactures two kinds of paper Dental Cups, the cone shaped cup (opposite) and the flat bottom type illustrated below. Both types are specially made for dental offices and hold alcoholic solutions indefinitely. Note special deal on Dispenser and Cup Holder below.

This \$3.00
DISPENSER
and Cup Holder



DIXIE - VORTEX CO.
Chicago, Ill. Easton, Pa.

DIXIE-VORTEX COMPANY, 421 N. Western Ave., Chicago, Ill.

Please send _____ thousand cone-shaped Dental Cups at \$2.65 per thousand. It is understood that with these cups I am to receive a \$3.00 mahogany finished dispenser and Allegheny metal cup holder FREE. Prices in Canada and foreign countries on request.

Please send facts and prices covering flat bottom dental cups and dispensers.

Name and Address _____

City and State _____

My Supply House is _____

a NEW *PROMETHEUS* DENTAL LIGHT

The only light which may be lowered and turned upward to illuminate the upper palate.



The lower illustration indicates how this new light may be lowered and turned upward.



- Perfect light distribution
- Finger-tip manipulation
- Gives color-corrected daylight
- For unit, wall, or stand mounting

Prometheus Electric Corp.
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12-36

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Please send me FREE the full story about your new dental light.

Dr.

Address

City and State

EVIDENCE LIKE THIS pours in with every mail

The ALKALOL COMPANY, Taunton, Mass.
I have used the sample of ALKALOL as checked
in the chart below. Request a more liberal
sample for personal use.

Among the many uses of ALKALOL	
Vincent's Angina	Supplements office treatment—has patient keep in contact by means of saturated cotton rolls
Pyorrhoea	Cleanses, dissolves pus and mucous. Effective relief to mechanical irritation. Does not coagulate albumen
Gingivitis	Aids nature
Dentures	Cleansing, soothing
Scaling	Very soothing—e'en in infants after silver fangs' treatment
Polishing	Widely used as douche or spray in coryza, rhinitis, headache, or any nasal affection
General	
Frothyolaxis	
Ears	
Eyes	
Nose	Kept in contact by means of saturated cotton or gauze is a pleasant surprise to physician and patient.
Burns, Bites	Many other indications will suggest themselves.
Bruises	ALKALOL'S "self-feeding" action
Fevered Brow	
Hemorrhoids	
Venous Ulcers	Remember, ALKALOL's "self-feeding" action is a tissue builder. It never irritates

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Address [REDACTED]
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Finest preparation I ever have used. Find it indispensable for the eyes after a day's work at the chair. Recommend it highly.

Cards like this, or similar ones, have been coming to my office for more than two decades.

Behind them lies the story of Alkalol's great service to the dental professions.

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"Especially effective after extraction. Promotes healing of torn tissues more rapidly than anything I have ever used" . . . "I have found Alkalol very effective in relieving mouth soreness" . . . "Use it in my own family and suggest it to my patients" . . . "Far better to use Alkalol and avoid additional irritation" . . . "Very soothing for sore gums" . . . "Most soothing solution I have ever used in oral work" . . . "Finest after-extraction wash I have ever used" . . .

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"Most of my work is done under artificial light which promotes eye strain and I find that Alkalol affords great relief" . . . "Especially soothing to the eyes" . . . "I can and do sincerely prescribe Alkalol where an eye bath is needed. It is very soothing" . . . "I have never found anything quite as soothing for tired eyes" . . . "It fills the need for a mild soothing solution" . . . "Have many patients using Alkalol to relieve eye strain" . . . "Have used Alkalol for 35 years" . . .

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"Excellent for irrigation of sinuses. Soothing to mucous-membrane" . . . "Surprising

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Your card or letterhead will bring a FREE SAMPLE of Alkalol

(Signed)



J. P. WHITTERS

The ALKALOL Company
Dept. O-12-36
Taunton, Massachusetts



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Get what you ask for. Get what you pay for. If you want trouble-free dentures get genuine PARFAIT.

Every genuine PARFAIT denture blank is packed with the PARFAIT tag. The tag is fastened to the denture by the laboratory.

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City
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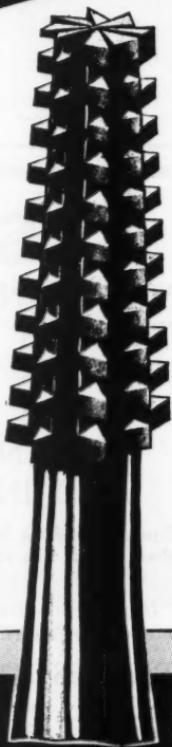
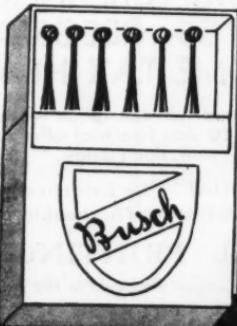
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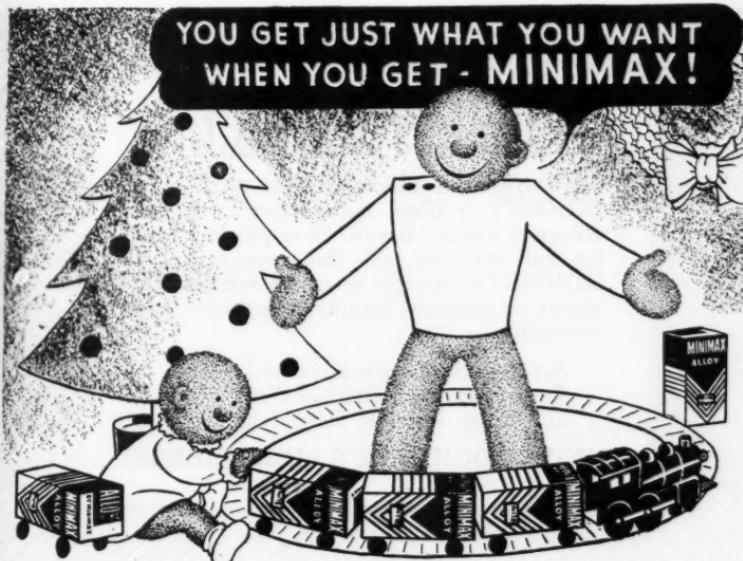
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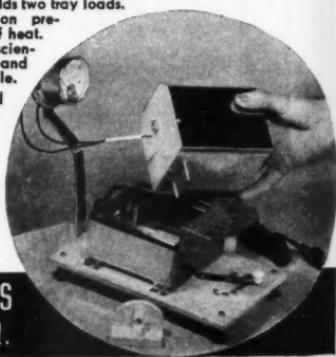
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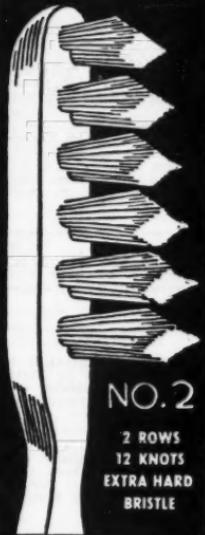
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State _____



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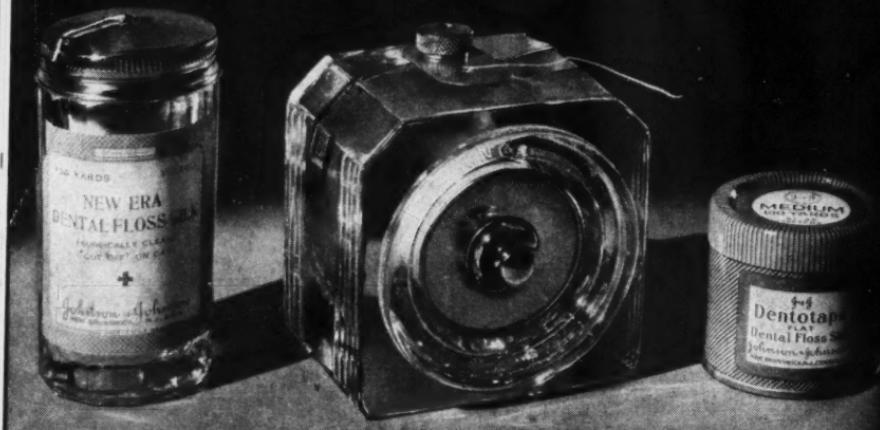
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